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Editor's Page

OUR PROBLEMS OF communication are sharply focused in the course of meeting the challenge of this journal. One of the tasks, clearly outlined by the manuscripts submitted to the Editorial Board, is to develop greater agreement as to the concepts on which professional practice rests. Our concern is not about the tendency social workers share with all organized groups to use obscure or technical language for inappropriate audiences. Public relations enjoin speaker and writer alike to translate technical concepts and operations into plain English—the plainer the better! Our concern here is that within the membership precise and meaningful terms should become common usage and a matter of pride.

Social work has precariously weathered a division from the so-called diagnostic-functional controversy. The long-range effects of this fissure cannot easily be assessed by the contemporary historian, but one thing is certain: an unfortunate legacy remains in confusion of tongues.

The diagnostic-functional debate, like the still-continued argument over the place and role of psychotherapy, has been largely a burden upon casework; but the manuscripts received currently indicate that the issues of today involve all the basic processes. The bell tolls for all of us, not for isolated groups. Social workers are equally involved in the new directions in casework, group work, and intergroup work; important decisions can no longer be made for one process without affecting other processes.

New fields require considered professional attention. Rehabilitation, for instance, is a goal, not a profession. It does not "belong to" clinical psychology or to medicine or to social work—nor is it confined to the individual approach alone but calls for group programs and community planning. Rehabilitation and corrections require all the characteristic knowledge and skill of social workers as well as the

special skills of collaboration. Counseling is an essential component of medical, legal, educational, psychological, and other professional fields. But however used in other fields, counseling should convey the same meaning in school social work, group work agencies, family casework, and so on.

If we could agree that the primary process, the distinguishing characteristic, of social work is psychosocial, then there would be less occasion to struggle over whether *social* group work is done in camps and centers and *therapeutic* group work in hospital settings. If we could agree that social work is *always* social and that it rests on a psychodynamic theory of personality, then one might drop the prefix "social" before casework and group work alike as has already been done for intergroup work, supervision, teaching, and increasingly, as research is undertaken in social welfare, for research. Because of the contribution of the social sciences, we are today in little danger of minimizing the social and cultural aspects of our process, nor need we fear an overemphasis on the psychological. So long as social work addresses itself to human relationships, it must be rooted in social reality and psychodynamics alike. Is it possible to conceive of welfare programs for children wholly in terms of material security! No, the approach to children requires commitment to growth and development with whatever therapeutic tools are indicated.

Cannot social workers become reasonably proficient and comfortable both in social services and psychodynamics without being apologetic about the one or smug and defensive about the other? Latecomers as we are among the professions, we have been granted the challenge of wide scope, varied tools, intimate human relationships, and sobering responsibilities. For these opportunities and for the means of collaboration with other disciplines and many other groups, we shall need to keep open and untroubled—either from storms without, or muddled thinking among ourselves—channels of communication.

G. H.

Social Work

BY MARTHA M. ELIOT, M.D.

Strategy for Children

SOME WHOSE MEMORIES are tenacious—or nostalgic?—may recall a book by Ellen Key, the famous Swedish author, in which she quotes the prediction made by a countryman of hers at the close of the nineteenth century.

"The next century," the playwright said, "will be the century of the child."

That was the high hope of many people in many lands five decades ago. No one can be so bold as to claim that, to date, the twentieth century—scarred by the two most cruel wars of history, this country's deepest economic depression, and a decade of tense international distrust—has lived up to this noble prediction.

But the century is little more than half spent, and the opportunities to make decades ahead an epoch truly distinguished by its concern for children were never more appealing or compelling.

Against the benchmarks of 1900, we have already come far. Many significant gains for children—especially our own—have been made. The status of today's children, in general physical, educational, and social well-being, exceeds substantially what we know of the status of children in 1900. But present revolutionary developments in

our economy, in our social patterns, and in the hopes held out by science make past benchmarks obsolete and future advances more promising.

This is a good time to re-evaluate our concepts of children's needs to fit the facts of life here today and ahead for tomorrow, and to rethink our strategy for children in direction, pace, and use of our national capacities. I propose in this article to make some projections into the next decade or two which may have some bearing on such reconsiderations.

If nothing else were to require a reappraisal of public and private responsibilities to children, their very numbers do. In 1935, children under 18 totaled close to 42 million. Today there are some 57 million. By 1975, even by the most conservative estimates, they are expected to number 64 million.

In the past twenty years, that is, we have added to the number of our children almost the equivalent of the total population of our most populous state, New York. In the next twenty years, the increase in child population can be almost as great as the present population of New England.

Programs and services for infants and preschool children in the past ten years have felt the greatest impact of the recent swelling in numbers. Now elementary schools are struggling with it. In a rela-

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tively short time, opportunities for higher education will be seriously cramped, and employment services for young workers stampeded unless major expansions take place.

In the face of this mounting wealth in children, to stand still in the provision of opportunities and services for them is to fall behind. The nation as a whole, and every community in it, should be constantly measuring its present and prospective child population against its past provisions for children, if only to keep pace with the past.

MAXIMUM ECONOMIC GROWTH

But keeping pace is not good enough for a nation that is demonstrating its phenomenal capacity to push ahead, through science and technology, toward a greater abundance of the material things of life. We who are engaged in the service of children need to borrow—if we do not already have—some of the optimism of students of our national economy.

Twenty years ago, when we were inching our way out of our worst depression, hopes were pinned to attaining at least a minimum of the decencies of life. Today, our political and economic leaders charge us to raise our sights to the possibilities of "maximum" economic growth, and a maximum that, in the words of the Joint Committee on the Economic Report of the Congress, can be "persistently" growing.

That this is not day-dreaming is supported by that committee, in a report issued in 1954. In 1935, we are told, the gross national product (in 1953 dollars) amounted to \$152 billions. In 1955, it was expected to reach \$374 billions, in comparable dollars.¹ The committee reports a prediction² that by 1975, this figure could—assuming many conditions, of course—reach \$634 billions, still in the same dollars. This betokens a possible increase in national

wealth ahead of us that may average some \$13 billions a year for twenty years. And all of this with a progressively shorter work-week. Such projections make no allowance, of course, for the economic effects of either depression or war.

Whether this pace is maintained will depend, as the committee points out, not solely on the genius of private enterprise, but also on public programs that facilitate maximum economic growth. It will depend on an expanding production and consumption, not only of material goods, but also of the nonmaterial stuff of life that keeps people happy and well, and that restores them to well-being. It will depend, too, on continued intensive research in the life sciences as well as in the physical sciences.

Viewed in this perspective, concern for human welfare, and especially for the welfare of children, becomes more than a mark of moral sensitivity on the part of the humanitarians among us. It becomes an economic imperative in the economy to be consciously budgeted for in public and private funds and at rates that grow, as the Joint Committee says of the economy, "persistently." Indeed, there are many reasons why, for many years to come, it will be sound social policy to divert an increasing proportion of our national wealth into public and private human welfare undertakings, and again especially for children.

SERIOUS QUESTIONS

With a prospective economy that, as A. A. Berle, Jr., puts it, will be offering "to every individual a range of choices of material life beyond all dreams of the Utopians of yesterday," many serious questions affecting the young of today and the children of the next decades confront all citizens, but especially professional welfare and health workers.

Will family incomes keep pace with mounting material wealth and provide also for nonmaterial needs? How adequate are

¹ It reached \$391 billions in 1955 dollars.

² Resources for Freedom, President's Materials Policy Commission (Paley Report).

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our present systems of public, private, and industrial insurances? If parent-child relations are to have the soil in which to flower at their best, will family incomes of the future require other kinds of assistance—in money or in kind—than they are now getting?

"Maximum" economic growth is an illusion unless close attention is given to such matters.

With electronic machines that are "bound," says Norbert Wiener, "to devalue the human brain, at least in its simpler and more routine decisions," but demand even more skillful masters, what must we do to prepare children for the kinds of jobs that will be required five, ten, and twenty years hence? How well do present educational programs stack up against these requirements? How long can we afford to deny adequate budgeting for school building, for teachers' salaries, for scholarships and stipends for students who would otherwise be denied their "maximum" intellectual growth? What economic suicide are we committing right now by our delay?

Again, "maximum" economic growth is foredoomed unless these questions are faced.

However miraculously new machines, materials, and power multiply material wealth, their production and use will always depend, of course, on people. Will new knowledge gained in the biological, social, and medical sciences be put to work promptly for children, to speed up the prevention and correction of mental, emotional, and physical disorders? Will the search for new knowledge of these conditions and improved application of it grow as rapidly as it can?

Answers to this, too, must be found, if the economy is to expand "persistently."

With progressively less need of manpower in the production of goods, how can we entice more and more youngsters into the now seriously undermanned human welfare professions and subprofessions? How can we make such work more reward-

ing to the whole personality, and not just to the pocketbook? How can we give it the high social values that other cultures give it? How can we lure more young people into the life sciences, to unriddle the enigmas of sickness and half-life, and discover what the "maximum" *personal* growth for each child can be?

A "persistently" growing economy implies a balanced economy: with automobiles and aspirin, plumbers and physicians, in appropriate balance.

Prospects of steadily increasing leisure time and the mechanization of more and more household functions raise still other questions. What must we do for children now to prepare them for a healthy use of leisure time in the future? This is not a matter merely of learning to pass time, or fill time; of using time to become competitively successful in some game or sport; or simply of reviving oneself for work the next day. It means making leisure time as vital a part of life as working time.

These are just a few of the questions relating to children that occur when one projects an economy that is going full tilt ahead.

Behind the questions I have posed—and others that might appropriately be raised—is the matter of values: what kind of life our children will want to live, by themselves and with others. In making their choices, they will have far greater latitude than any earlier generation has had. One choice, however, we have foreclosed to them. Through economic and political necessity, they will find it forever necessary to be members of the world society as well as citizens of the United States. They have been born in an age of increasing moral sensitivity on the part of the more privileged of the world and of growing impatience on the part of the deprived. The world of want—and it is vast—has come from "the back of beyond," as the Irish say, and stands now with its foot in our door, not to be shoved aside. How we—and our children, in their time—choose to

share scientific and technological advances with others in this world will have the ultimate word on whether our economy persists at its "maximum" level.

In grooming our children to make wise and generous choices, all adults, but especially those of us who are trained to help with physical, emotional, intellectual, and social problems, carry an awesome responsibility.

The central question before strategists for children, then, should not be whether opportunities and services for them expand, but rather the rate and direction such expansion can, and should, take.

OPTIMUM DEVELOPMENT OF ALL CHILDREN

The first point that I want to make is directly related to all that goes before. It is time now, it seems to me, that the sights of all of us were lifted from the level of helping children through emergencies, to *helping all children achieve their optimal development*. Like the strategists of our economic world, we should be gearing our thinking and our acts to the "maximum" potentials of children and planning our strategy on how to make these "persistently" grow. Without giving less attention to the disabilities of children, we need to give much more attention to their abilities.

This admonishment certainly does not have to be made to the parents of our most severely handicapped children. In the last ten years, through their national and local organizations for the mentally retarded, cerebral palsied, epileptic, and emotionally disturbed, they have been giving convincing evidence that their sights—in money, time, and thought—are on the still-to-be achieved possibilities in these children.

Professional work with many physically, emotionally, and socially sick and handicapped children is similarly inspired. The concept that each child is a whole person, not an aggregation of sick and well parts, and that his full recovery can be accom-

plished only if his whole person is attended has been permeating programs and research for a quarter century. It is reflected today—unfortunately not universally, but in the best programs, and there are many of these—in hospitals, where physicians and nurses have the help of social workers, nutritionists, and psychiatrists in their work with children and their parents; in foster care programs, where social workers have the help of psychiatrists, psychologists, and physicians; in schools, where teachers have the help of school nurses, doctors, and social workers; in clinics, where two, three, four, and even a half dozen specialists make one child's problems their common concern; in juvenile courts where judge, social worker, psychiatrist, and psychologist team up to decide what is the best treatment for the delinquent child. A great deal more remains to be done, and must be done, to bring together the variety of professional skills that each sick, handicapped, or troubled child must have if his maximum potentials are our goals. The next twenty years should see the team approach to treatment become standard practice.

But I am thinking, too, of the vast majority of "well," "normal," "average" children who slip through childhood with a minimum of attention simply because there is nothing "wrong" with them.

Industry and government, alarmed at the prospective supply of scientists and engineers, are both giving tall thought to the undeveloped intellectual talents in the more than 50 percent of high school graduates who fail to go on to college. This wastage of "raw material" has great significance, too, for the future development of the human welfare professions. Happily, private foundations, organizations, and government are at work on this problem. Two excellent examples are provided by the Council on Social Work Education and the "Operation Horizons" through which the National Health Council hopes to interest many more high school youngsters in health careers.

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Optimum development of more youngsters to man the professions is urgent, but that is only a small part of the bigger task of upgrading our standards of well-being for all children. As the World Health Organization is constantly reminding us, a well child is not just a child who is *not* sick or infirm; he is a child who is able to function at his own *best*—physically, mentally, and socially. In this notion of well-being we are perhaps reglimpsing the concept that flowered among the Athenians in the Golden Age of Greece and that exercised such influence in producing the physical, intellectual, and aesthetic beauty which we see reflected in their games, their literature, and their art.

As Secretary Folsom well said, in speaking to the recent President's Conference on Fitness of American Youth: "If this is the quality of fitness toward which we are moving, there may be a golden age ahead of us: an age when each individual takes pride in his own physical, mental, and spiritual growth; an age when we have common concern that each individual finds inspiration to live up to his own total capacity. . . . When a whole nation takes pride in each child's capacity to rise to his own best level of vigor and productivity, who can set any limits to its future?"

In pursuit of this ideal we will need vastly more research into the normal emotional maturation of the child at each stage of his development; into the changing character of supportive parent-child relationships; into the effects on personality development, at its various stages, when a child is deprived of the physical essentials of life, or the emotional supports of a family, peers, and the community; into the damage done to him by social and personal prejudices—not only racial but other kinds of discrimination.

Much is already known about these aspects of personality growth. The Mid-century White House Conference on Children and Youth did an heroic job of synthesizing what was known in 1950. (It

is one of the dreams of the Children's Bureau that it will one day have the staff to keep such a synthesis current with research and practice.) In the years immediately ahead we must show greater ingenuity in getting what is presently known incorporated into the training of everyone who works with children and who assists parents in their child-rearing tasks. The emotional, social, and physical growth of children should be a part of the curriculum for all physicians, nurses, social workers, teachers, clergymen, and even of lawyers, to infuse not only the practice of those working in the domestic relations and juvenile court fields but also the thinking of those who will be making and interpreting laws affecting the social well-being of people. Other workers less formally prepared—house parents, foster parents, juvenile police, homemakers, and others—should have the benefit of this content in their preservice and inservice training.

Already the vanguard in medical education is providing medical students, during training and in internships, with opportunities to work with families in their own homes and through clinics. These are wholesome developments which we may expect to see multiplied. Hopefully, in the future field training of social workers and nurses, more and more students will have opportunities to work in such centers as nursery schools where the interactions of "normal" children can be observed.

It is standard practice now for state maternal and child health agencies to have consultants in nursing, nutrition, and medical social work. In twenty years it may be standard practice to have, also, a consultant in child development who will help to keep state and local public health workers alert to new knowledge in this field. The same development may well occur in state child welfare agencies.

BUILDING PARENTAL KNOWLEDGE

The far greater task of incorporating this growing body of knowledge into the think-

ing of parents will undoubtedly be approached in various ways, as it is today. In their individual contacts with parents, professional workers—especially public health nurses, pediatricians, family physicians, social workers, and ministers—can be the most effective transmitters. The very conduct of treatment of sick, handicapped, and delinquent children, if infused with an understanding of the normal needs and growth of children, can not only speed a child's restoration to good emotional, social, and physical health, but enlighten his parents on how that health may be maintained. High school and college courses in family living should multiply, as should prenatal guidance to both expectant fathers and mothers, family counseling services, and homemaker services.

In building new visions of the "maximum" potentials of children, we will do something at the same time, I hope, to modernize parental attitudes toward sickness, particularly emotional or mental illness. Too many of them still look upon mental health as something white, and mental or emotional illness as something black, and that by the exercise of Calvinistic will power one can convert black into white. Psychiatrists and social workers especially—and many pediatricians and nurses, too—have been doing their best to substitute in parents' minds, for the white and black of mental health and sickness, the concept of being able or unable to cope with living, and the infinite degrees of ability along the way.

With the spread of such new attitudes it should be much easier to shorten the lag between acquisition and application of knowledge about what children need for well-being, and speed the extension of services that will contribute to it for all. A nation with an actual gross national product of \$391 billions a year cannot make a very tenable case for not being able to afford more child welfare and child health services. To support greater attention to these matters there must be conviction as

well as cash: conviction that children can be helped up the ladder of well-being whatever rung they happen to be on.

MAKING FAMILIES STRONG

Since the family is a child's main source of psychological security, a second major direction that strategy for children might well take in the coming decades is in *strengthening family capacity to provide emotional and social security.*

A whole constellation of factors that in the past contributed to family instability and insecurity is re-forming and now gives promise of a larger life for many families in the future. More stability in industry, higher and more stable employment, higher incomes and more insurances against loss of income are releasing families from their fragmented lives in crowded tenements and central cities for a more social existence in suburbia.

Today more than half our population lives in 168 metropolitan areas that cover, incidentally, only 7 percent of our land area. Of the 95 million persons in these metropolitan areas, 54 percent live in the so-called central cities; 46 percent live in the suburbs. Suburban rings have grown four times as fast as cities in the past fifteen years. With constantly improved methods of travel and communication, this expansion into space gives every promise of continuing.

With greater space, family living patterns change. The typical city family—stripped of grandparents, uncles, aunts, cousins, and other relatives—often finds in suburbia an interfamily solidarity unknown in the central city it left. Fathers share car pools to work. Mothers share child care, marketing, and household problems. Children share in their enterprises. With mechanization of housework, shorter working hours, swifter transportation, there can be more hours of leisure-time activities, and more of these home-centered.

The trend toward suburbia is more characteristic, of course, of middle-income

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families, but more families are in this income group. Twenty years ago, 19 percent of all families had incomes ranging from \$3,000 to \$7,500; in 1950, 52 percent were in that income range. Suburbia's pattern of community services will undoubtedly reflect its new patterns of family income and living. Where communities are carefully planned, there should be greater opportunity to develop school, health, and social services that are interrelated with each other, and with the services that continue to function in central cities. Suburbia's hospitals will be part of a network which reaches back into central cities with their more highly equipped hospitals, staffed to give specialized medical care. Social agencies may expect to see an increased demand from middle-income families for help with problems of parent-child relationships, adoptions, and aspects of child development. Educators may expect to see an increased demand for nursery school classes. Health, school, and social agencies may expect a livelier interest in community organization and leisure-time activities.

Left behind in this march into space are many millions of children whose families are only beginning to share, through urban redevelopment and renewal, in the technological revolutions now going on in family living. Great numbers of these children continue to eke out an existence in wretched tenements and city slums. Unless central cities are to become completely obsolete, which is unlikely in the visible future, drastic surgery must be done on most of them to provide more space for home life and more space for essential community services and family leisure-time activities. With more time to live and to learn there must be more space for both.

Central cities will continue to harbor for years many of the multiproblem families for whom a gamut of services is required if they are to be helped out of sickness, undernourishment, unemployment and low income, low education, and feelings of indifference and futility. The next

twenty years should see a great deal more accomplished for these families through a collective approach by health, rehabilitation, educational, and social services to individual families.

PREVENTIVE MEASURES

A third direction I see strategy taking for children is in an *everbroadening use of measures for the prevention of ill health and family breakdown*, and for the early detection of physical, emotional, and mental difficulties.

Here I must point to one matter that has become increasingly serious in recent years and that could become, in the next two or three decades, a major threat to child life and possibly to the human race unless suitable preventive measures are taken. I refer to the health and inheritance hazards of radiation.

Today, through animal experimentation, scientists are throwing new light on the possible results of too great single and accumulated doses of radiation on human genetic material, on the embryo, and on blood-forming organs. Radiation has been shown in animals to increase the frequency of harmful mutations in genetic material which often do not show up until later generations. It is now recognized that, if care is not taken, treatment of pregnant women with low therapeutic doses of X-rays may contribute to the occurrence of miscarriage, and with high doses may result in damage to the central nervous system of the unborn child.

With such warnings from the scientists, there is no alternative but to build maximum protections against excessive exposure to X-rays, without denying to ourselves the diagnostic, therapeutic, and industrial benefits of these rays. Risks of excessive radiation from other sources, such as the fallout from detonation of bombs and contamination of the environment from waste products of atomic energy plants, must also be minimized. Recent

reports, from such eminent scientists as those on the committees of the National Academy of Sciences, bear witness to this. The need for adequate protections will get prompt and continuing attention, it is to be hoped, from public health and medical authorities, industry, scientists, practitioners, and workers.

Professional workers well know—but budgeteers often have to be reminded—that childhood is the period of life when expenditures in promoting wholesome human growth and development bring the quickest, most economical, and most effective results. In a very real sense successful treatment of childhood troubles prevents many adult difficulties. There are many tools and much available knowledge for preventing handicaps in children—before they are born, as well as through childhood—which are being used too often on a hit-or-miss basis.

In time, it will probably become unthinkable that an expectant mother will go without medical supervision throughout pregnancy or any substantial part of her pregnancy, or that a child will not have regular health supervision to keep him well during his growing years. But that time can come only when we are ready to assure access to such supervision to all expectant mothers and children.

As the knowledge of child development becomes more pervasive among those who work with children, early spotting and treatment of deviant behavior will become much easier. Because of the great psychological importance to each child of his own family relationships, the practice of health and social work and the treatment of delinquent behavior will be more and more ingenious in finding ways of treating children in their own homes, and in strengthening parent-child relationships.

EXPANDING CORPS OF WORKERS

Few of these roads ahead can be taken unless there is a “persistently” expanding

corps of workers for children. How to achieve that becomes a fourth challenge to our strategists. I have referred earlier to the sound social policy of making such work more attractive to more boys and girls when they are choosing careers. This will call for an expansion of undergraduate and graduate centers of study, and upgrading the compensation that many workers in children’s services receive.

But available skills can also be used more effectively if the work of highly trained workers were better organized than it is now. For this we need to sort out functions now done by them which can be equally well done by auxiliary workers. Child welfare workers have already given excellent examples of what this means as they have increasingly made foster parents, house parents in institutions, and homemakers, working members of the social work team. Likewise in nursing, aides and attendant nurses are relieving the longer-trained nurses of parts of the responsibility involved in the care of the sick and in public health nursing work. Some entirely new types of subprofessions may need to be developed. In our explorations, we might study more closely what other nations are doing—New Zealand, for example, in its use of dental nurses for school children.

RESEARCH

The pace and amount of research in the life sciences particularly as they relate to the development of healthy personality and to effective ways of promoting it is a fifth line of strategy. All such research is pre-eminently the *people’s* business, and as such should have wide public backing. Medical research is bounding ahead at a thrilling pace, thanks especially to the sizable investments which the people have made in the past decade through their Congress, in the extra- and intramural research of the National Institutes of Health.

Our knowledge of the cultural, interpersonal, economic, and legal aspects of child

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life in our society is far too sketchy, if we are really committed to developing the optimum capacity of each child. Recurrent surveys of the status of children made by communities would make planning for the future not only realistic but more compelling.

Laws affecting the legal rights and responsibilities of parents are highly important but get scant attention. They are in urgent need of study from the viewpoint of their effect on the opportunities of children for healthy personality development.

More than a quarter million children under twenty-one were living in institutions in 1950, and the number is probably not much less now. How many of them would be better cared for or treated elsewhere? Are these institutions being used to the best advantage?

Attitudes of some parents toward the helping professions constitute the most important block to their children's sound development. How can these be modified?

What yardsticks should be used in measuring the effectiveness of present

health and welfare services? How can they be applied by each agency?

The questions related to child life that call out for research and study are legion.

USE VERSUS WASTE

Finally, we can make headway for children farther and faster if we keep the issue of *use versus waste* constantly before us. A "persistently" expanding economy cannot be achieved if there is waste of men, materials, or power. The "optimum" development of children cannot be achieved if we dally over ideological differences or wait for perfectionism to burgeon. Each proposal for advancement should be determined on the basis of the route, the method, and the means that will give maximum results with a minimum waste of time and effort. Both public and private effort—in research, training, and practice—will always be needed, if our goals for children are to be achieved.

Time is precious, and especially precious for children.

BY NATHAN E. COHEN

A Changing Profession in a Changing World

THE YEAR 1956 represents in many respects a state of transition for social work. Change is in the offing but the direction is not clear in that we live in a climate and mood of uncertainty. Since social welfare is an integral part of the larger social and cultural setting, what is happening in the political, economic, and social climate has a marked effect on the objectives, method, and services of the field. In taking inventory of the American social worker in 1956, therefore, we look not only at the professional and scientific climate surrounding him but also at the larger social scene with its impact on the social welfare structure of the nation, on the people served through it, and on those who provide the professional services.

CLIMATE OF UNCERTAINTY

The world was promised freedom from fear and freedom from want during World War II but fear, anxiety, and insecurity have increased many fold since the termination of the war. As pointed out by Robert Bondy, "We live in uncertainty of the morrow—war or peace, full production or recession, a leveling off or a fall in the value of goods and services, fear of subversiveness or a confidence in our strengths and freedoms."¹ These conditions are intensified by a huckster atmosphere in which public relations has become a substitute for hard thinking and facing basic issues. At times,

we are like a ship that has ample power for traveling fast and far but has thrown its compass overboard and moves in circles, issuing progress communiqués of a circular nature. The strategy of traveling in circles seems to be one of satisfying the different wings of the political parties. It permits spending part of the time in places where we have been in the past and makes the trip from one point in the circle to the other look as if we are leaving the past and moving ahead.

The times, however, call for a social philosophy of interdependence. The facts of life demand creative use of two new political principles which emerged during the depression: first, "that the fortunes of individual Americans are inextricably interlocked; that we are 'all in the same boat'; and that if any of us fall into deep trouble it is the job of the rest of us—not simply family and friends and neighbors, or even the local community, but the federal government itself if need be—to help them"; and, second, "that it is the job of the federal government, through whatever means, to see that there shall not be another Great Depression."² There is lack of enthusiasm in recognizing the meaning of these two principles and an attempt, from time to time, to return to a laissez-faire philosophy with its emphasis on rugged individualism. There is fear, however, in too obvious a withdrawal of the federal government from

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¹ *The Balance of Achievement—1953 Annual Report* (New York: National Social Welfare Assembly, 1954), p. 1.

² Frederick Lewis Allen, "Economic Security: A Look Back and a Look Ahead," in *Economic Security for Americans* (New York: The American Assembly, 1954), p. 16.

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its responsibility in meeting the health and welfare needs of the people, for vivid in the minds of all in government is the fact that such a philosophy was defeated during the depression by America's deeply rooted humanitarianism and democratic mores, and can be defeated again if people's needs are not met. Thus, without desire to move ahead, yet fearful of political survival if a return to the past is activated, we find ourselves virtually paralyzed in a period which demands full steam ahead.

THE INTERNATIONAL SCENE

The same failure to recognize these two basic principles of interdependence is also causing confusion and loss of friends on the international scene. During World War II, the world was promised freedom from want but large parts of the world are still faced with starvation. We have inherited the mantle of leadership in world affairs which demands a responsibility not merely for military but also for economic and social problems. This means providing leadership to a program of bettering the health, economic security, and general well-being of all people, not only in our own country but all over the world. Our record, however, makes us look like militarists rather than a nation which has a primary concern about people—a nation which, through its Bill of Rights, places human rights above property rights. Since the end of the Korean war, a total of 25 billion dollars has been spent through our foreign aid program. Over 50 percent of it, however, has been for military aid. The projected program for 1957 shows an even higher proportion scheduled for military aid. Out of a total aid program of \$4.9 billion, 61 percent is slated for military purposes and only 39 percent for non-military programs. Large parts of the world still face starvation and are in need of help in economic development and social programs. How long will it take us to learn that the battle for democracy must include economic and social weapons?

BASIC LIBERTIES

Another manifestation of the climate of uncertainty is the continued nibbling at our basic liberties. Henry P. Cain, in a recent speech, referred to our internal security program as a "Twentieth Century American Tragedy," and stated that it may be creating more security risks than it is uncovering. Although McCarthy has been dethroned, the poison of McCarthyism is still in our system. The real threat to the future of our democracy is the pattern of conformity it has created in our institutions which deal with education for effective living. Adventure in ideas and creative rebellion against tradition and status quo are a *sine qua non* in a dynamic democracy. Without it we grow smug, decrepit, and static.

In this period of confusion and uncertainty, our democracy is being called upon to face another acid test, namely, that of desegregation. In the eyes of the world and in our own conscience, we are being challenged to practice what we teach and preach. Do we really mean it when we say that all men are created equal and endowed by their creator with the inalienable right of life, liberty, and the pursuit of happiness? As a member of a minority group, I have always believed that the solution of the minority problem is not *through* the community but *with* the community. It is the supreme test of the basic principles of a democratic society. What is happening in the South, therefore, is not just the province of the Negro and the southern white; it is a problem of our democracy. The success of desegregation, therefore, must be the concern of all those who hold democracy dearly. Ours must not be an attitude of charity or pity toward another group but rather a recognition that their battle is our battle, their victory our victory, and their loss our defeat.

EFFECTS OF CONFUSION

As should be quite evident by now, the larger climate in which we, as social work-

ers, find ourselves is far from conducive to a clear sense of direction. Yet there is an interesting phenomenon emerging. As the people we serve are beginning to show the effects of a confused climate and the magnitude of social problems increases, we are experiencing a feeling of uncertainty about our emphasis of the last several decades. On the one hand, we witness the highest standard of living in the world and yet also note that approximately 25 percent of the American people have personal or family incomes of less than \$2,000 a year. As stated by Frederick Lewis Allen:

These people are not the masses; they are not a proletariat. They are rather a great number of very widely scattered people who, for one reason or another, are out of luck, such as small businessmen whose ventures have foundered; farmers who have had a bad year or series of years; lone widows; deserted wives and children; migratory laborers; workers of marginal ability; and invalids and defectives.³

This is the group least covered by insurance plans and least able to tap financial resources. They represent not merely an economic problem but also a social one.

We further note with alarm that in spite of a high standard of living our mental health problem is growing. The structureless and oftentimes contradictory climate seems to be helping to create insecurities, anxieties, and tensions which are resulting in an exceptionally high incidence of divorce, broken homes, homicides, suicides, delinquency, alcoholism, psychosis, and neurosis. Questions are being raised as to whether the social institutions responsible for the high standard of living can be regarded as separate and apart from those responsible for social breakdown.

As indicated above, the magnitude of the problem and the growing recognition of the relatively limited dent we are making are creating a questioning attitude on our part. Somewhat similar to the awakening

during the depression, when we realized that we must look not only at the problem of the unemployed but also at the problem of unemployment, so too with emotional breakdown reaching sizable proportions, we are beginning to realize—if I may borrow a phrase from Agnes Meyer—that we must look not only at the problem of the “emotionally unemployed” but also at “emotional unemployment.”

A NEW CONCEPT OF NEED

Thus, we find the social worker in 1956 examining with greater self-objectification the social needs in our present-day society and social work's function in relation to these needs, the structure of services essential to meeting these needs, the function of the social worker in this fabric, the body of knowledge necessary to carry out his function, and the educational and professional structure essential to preparing competent social workers and maintaining high standards of goals and practice.

There has been recognition that the basic needs of food, clothing, shelter, work, and education must be met. We then moved on to the concept that man does not live by bread alone and spelled out the importance of the psychological dimension. Today, we are beginning to appreciate the fact that man does not live by psychology alone either. Because of our intense concern for the psychological dimension, there has been a tendency to divorce the individual from his social institutions and their constant impact on him. Individual personality factors are important but if there are social problems of great magnitude we can be sure that the problem of group norms is also involved. Sociology, cultural anthropology, and social psychology have in recent years been pointing up in dynamic terms the importance of the social institutional structure in understanding and dealing with asocial patterns of behavior. Their formulations have led to important theorizing and research on problems of cultural value orientations, cultural values and so-

³ Allen, *op. cit.*, p. 18.

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cial roles, age and sex determinants in the social structure, value conflicts. In seeking for ways of incorporating this source of knowledge into the social work body of knowledge, we must avoid the danger of substitutions and an era of emphasis on the misconception that man lives by sociology alone.

What we are groping for is a multi-dimensional and interrelated, rather than a partialized and insulated, conception of need. Such an approach will make it possible for many fields to find common ground in contributing to the solution of the mental health problem of the nation. Within social work it will also help to place into proper perspective the importance of broad welfare programming, social welfare policy, and social welfare administration.

STRUCTURE OF SERVICES

The structure of our services is also under greater scrutiny today. New programs such as rehabilitation and drug therapy are shifting their focus from the institution to regular community resources. There is also a revival of interest in the use of social workers in probation, corrections and parole, and in industry. The number of social workers moving into private practice, on a part- or full-time basis, is on the increase. This observation is included under the area of structure of services since one of the reasons given for this trend is the dissatisfaction of workers in being able to provide good practice for clients within the present agency structure. There is no question, however, that the answer to the problem on mental health and unmet social needs will be found in more than just the increase of staffs and in the multiplication and extension of our present programs.

Our social agencies took on their character in earlier generations and have a tendency to resist change. They often fail to recognize that "social agencies, like other institutions, need to change in sensitive association with the changing needs

of society."⁴ Our agencies reflect varied periods of architecture and their program content varied periods of interior decorating. We are fearful of changing our color schemes or throwing out the old for the new, or mixing our periods. The tendency is to expand and multiply within the prototypes we have. As stated by Titmuss:

The forces of the past in terms of how we live together in society create new situations; if the structure and function of the social services cling too closely to the needs of the age when they originated, and if the interests which resist change become too powerful, these services will not meet the needs of the new situations. We shall not achieve a better balance between the needs of today and the resources of today by living out the destinies of tradition: by simply attending to the business of the State. Without knowledge of wind and current, without some sense of purpose, men and societies do not keep afloat for long, morally or economically, by bailing out the water.⁵

Another interesting phenomenon, growing out of our emphasis on the individual, has been the tendency to regard the agency as a housing unit for individual practitioners. With this has come a depreciation of the social responsibility of agency qua agency. One of the important features of social work as a social activity is that the social agency, be it public or private, reflects the concern of people for their fellow man. The social agency is an important institution in our democratic structure and is a further reflection of how a democratic society functions. We have moved beyond the state of public versus private and see both types of social institutions "as branches of the same tree, nourished in the same soil of our religious, charitable, and humanitarian traditions, fed by the same roots of belief in political democracy and

⁴ Richard M. Titmuss, "Social Administration in a Changing Society," *Social Work* (British), Vol. 9, No. 2 (April 1952).

⁵ *Ibid.*, p. 668.

in the basic equality and common brotherhood of men."⁶

FUNCTION OF THE SOCIAL WORKER

Related to the problem of the structure of services is the function of the social worker. In the emerging program of rehabilitation, for example, the role of the social worker is not as clearly defined as in the more orthodox settings such as the guidance clinic and the hospital. Part of this stems from conflict with the psychologist whose role in treatment is expanding and part of it from a confusion of being thrown into an unstructured role. With an increasing number of clients being placed back into the community, the social worker is being called upon to help evaluate readiness for return because of his knowledge of both the individual and the community. Is the family ready to absorb the individual? What will it do to the family constellation? What kind of work must be done with the family during the period of readjustment? These are the kinds of questions being asked. Also, are there essential community resources available? If not, how can such resources be developed? In brief, a new function seems to be evolving which should be exciting because it calls for an integration of our knowledge and skills around both individual and social institutions. It also contains the potential of an empirical, rather than a theoretical, approach to social policy. If resources are not available, the need must be interpreted with knowledge as to whether it can be best met through the resources of the local community, the state, or the federal government. On the basis of empirical data, a social action program can be built.

We are tending to resist this role, however, using as our yardstick of up or down status the more orthodox conception of the social worker's function and responsibility

on the team. In this connection it might be well to keep in mind A. N. Whitehead's observation of professions: "Each profession makes progress but it is progress in its own groove. Serious thought is confined to a narrow range of facts and experiences; the remainder of life is treated superficially. The fixed person for the fixed duties who, in older societies, was such a godsend, in the future will be a public menace. The dangers arising from this aspect of professionalism are particularly great in democratic societies."⁷

PRIVATE PRACTICE

The emergence of social workers in private practice must also be viewed within this context. It is interesting to note that medicine started as private practice but has been forced by a changing society to move toward a more socialized conception. Social work, on the other hand, has always stressed that it is a social activity, "carried on under the auspices of organizations (governmental, nongovernmental, or both), established for the benefit of those in the community who need assistance,"⁸ but now seems to be aspiring toward private practice. In evaluating such a trend we must take into account such factors as the seeking of higher financial gains and the desire for more status.

The question is not whether a social worker has the right to move in the direction but rather whether he is any longer engaged in social work. In a study of thirty social workers engaged in private practice in the New York area, it is interesting to note that few of them use the term social work in describing their function. "For the most part, the practitioners regard themselves as psychotherapists or analysts. They are able to define their level of treatment techniques, identifying themselves more with the psychiatric profession and

⁶ George F. Davidson, *Responsibility To Meet Social Service Needs—National Policies for Education, Health and Welfare Services* (New York: Doubleday & Company, 1955), p. 154.

⁷ *Science and the Modern World* (New York: The Macmillan Company, 1925), pp. 275-276.

⁸ *Training for Social Work* (New York: United Nations, 1950).

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less with the profession of casework."⁹ The other rationalization to avoid is that by increasing the number of professionals in private practice, we have found the answer to the problem of mental health in our generation. We must see this phenomenon within its proper perspective.

BODY OF KNOWLEDGE

In the area of the body of knowledge of social work, one of the significant developments is the projected study of the social work curriculum by the Council on Social Work Education under the directorship of Dr. Werner Boehm. The study reflects many of the concerns with which we have been dealing, and will deal with social policy as well as with the social sciences, the social work methods, and human growth and behavior.

The National Association of Social Workers, which is a member of the Council on Social Work Education and supports it both financially and through representation, is co-operating in the study through its Commission on Practice under the chairmanship of Harriett Bartlett. The one concern we have is that a study of practice has not preceded the present study of curriculum. Although we want to avoid training for a specific function and train for continued growth and leadership, it is essential to know more about the various functions of the social worker. Do all social work functions call for two years of training or do some call for less and others for more? Is it possible within a two-year program of social work education to prepare a worker for all potential functions or should there be envisaged continued schooling as one moves up the scale of responsibility?

The work of the commission will be important not only in relation to the training of social workers but also for dealing with the question of legal regulation. The experience of legal regulation in several states

indicates that the problem is an extremely complex one. Legal regulation necessitates a more definitive definition of social work practice and the spelling out of a functional uniqueness more clearly than we are prepared to do at this stage. Even at the level of certification we must be prepared to answer the question of who shall be included as a social worker. If we level off at the equivalent of one year of training, we are in difficulty, on the one hand, with the large number of workers who do not meet this requirement and, on the other, with the growing numbers who have two years of training. There is real question as to whether legal regulation is feasible until a better differentiation of function has been made both within the professional and nonprofessional categories. In this connection, I was interested in the recent report of the developments in the profession of nursing where, with the delegation of levels of responsibility to practical nurses, nurse's aides, and ward aides, the professional role and status of the nurse has emerged with greater clarity. Perhaps we are more at the stage of intensive and thoughtful study of the problem rather than "full steam ahead." Without such a period of examination of all the factors involved, we may create serious problems for the field. Although our position may be an uncomfortable one, namely the difficulty of pinning down our uniqueness more specifically, it may reflect one of our strengths. I refer to our flexibility in relating to a changing society which keeps changing and expanding the scope of our endeavors.

THE PROFESSION IN PERSPECTIVE

I have already referred to some of the developments in NASW. Let me look at it within a total perspective. The progress made during our brief period of existence is evidence of the fact that we have been psychologically together for a much longer period of time. Time does not permit a spelling out of specific developments and there have been many important ones but

⁹ Josephine Peek and Charlotte Plotkin. "Social Caseworkers in Private Practice," *Smith College Studies in Social Work* (June 1951).

I would like your indulgence in three general observations.

First, social workers are proving that we can pull ourselves together internally. This is important for it means that we are viewing social work not merely in terms of its method and services but also in terms of of its objectives. In pulling ourselves together internally it is not at the expense of difference but rather the weaving of a basic fabric of similarity within which difference can better enrich the whole and become more meaningful. If we can continue to be courageous and creative, we now have the resources for hammering out new patterns that will help to "achieve a better balance between the needs of today and the resources of today." As I have stated on other occasions, we must not view structure as an end in itself. It is a means to an end that takes on meaning only as we are clear about the needs we are trying to meet, the function we have carved out for ourselves in meeting these needs, and the policies we establish to carry out our function.

Secondly, we must utilize our new-found strength to attain a greater role and a greater acceptance for social work in the community. Studies by sociologists show that our status is not high. We know it is not from the status of our pocketbooks. Unfortunately, these studies deal only with the present and do not show whether social work's status has changed over a period of time. The increased funds, both public and private, the increase in the number of social workers, and the expansion of social work services into new areas tend to reflect a growing recognition on the part of the public of the importance of social work.

There is no question, however, that social work, in relation to the other professions, does not as yet rank high in status. As a profession, we are of recent vintage and even though there are approximately 75,000 paid social workers, only 16 percent have completed two years of graduate training. Of the remaining 84 percent, 11 per-

cent have one or more years of graduate training, 13 percent less than one year, and 60 percent no graduate study in social work. Social work, furthermore, like the other helping professions, is having difficulty in competing with the technological and business specialized fields. In the ten-year period beginning 1945-46, a total of 16,937 students graduated from accredited schools of social work in the United States. Since 1950-51, however, the trend has been down with only a slight shift upward this past year. Furthermore, we do not have the statistics on numbers of applications which would give a fuller picture since the yardstick of admission may also have shifted.

Another important development is the large drop in the number of men as compared to women. The decrease of men last year was 27 percent as compared to a drop of 10 percent for women. Of the 16,937 graduates in the past ten years, 5,442 were men. This represents the period of the peak use of the G.I. bill. The highest point of male graduates was reached in 1951-52, when 798 out of 1,946 graduates were men.

Salaries are tending to increase but not at a rate commensurate with the economy as a whole. A study of 174 graduates of the New York School of Social Work last year revealed that the average salary upon leaving school was \$4,019, the median salary \$3,913. There were several areas of variation. Group workers received higher salaries than caseworkers; men higher salaries than women; graduates with experience prior to entering school higher salaries than those who entered graduate training directly from college; and those who entered public services higher salaries than those entering private services.

How can NASW try to attain a greater role and acceptance for social work in the community? We must continue to improve our practice so that it speaks for itself. At the same time, we must push for a higher level of salaries so that professionals will be attracted to the field, will remain in the field, and stay in the professional posi-

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tions. At the recent Delegate Assembly a resolution was introduced to move toward a minimum salary of \$5,000 for professionals with two years of training. In addition, we must encourage more people to enter the field. In a climate where the helping professions are continuing to find the competition from the technological and "business specialized fields" difficult to cope with, an expanded program not only of recruitment but also of fellowship assistance is necessary. In this connection progress can be made only if government takes a more direct interest in subsidizing the training programs not merely in the specialized fields but for social work in general.

My third observation is related to the second. Greater acceptance in the community involves the furthering and development not only of the social worker but also of social welfare. Unless the community is ready to see the value of social welfare services and pay for them through taxes and voluntary contributions, the role and status of the professional worker will not change significantly. In this connection, we must always be mindful that the readiness of the community to accept social work is related not only to its improved performance but also to its attitudes toward human values and democratic goals. Social work stems essentially from the democratic and humanitarian ethos and finds the community more receptive when liberalism, rather than reaction, is in the saddle. NASW, through its social policy program and its concern for the economic and political rights of all social workers, has committed itself to making a vital contribution toward maintaining and furthering a democratic climate.

There may be some who question the role of a professional association in lobby-

ing and social action. I would remind them that the American Medical Association, one of the oldest professional associations, has a long history in this area. Perhaps one of the differences between the AMA and NASW is that the doctors lobby for the vested interests of their membership whereas we lobby for the interests of those we serve.

THE CHALLENGE OF CHANGE

In summary, the American social worker in 1956, like the American people, is living in a climate of uncertainty. He has mobilized himself, however, and has closed ranks to cope better with the challenge of change. Through the new association he has, in a sense, committed himself to four major objectives:

1. To demonstrate the value of our professional knowledge and skill by continued improvement of it within a framework of self-objectification and constant critical scrutiny.

2. To work shoulder to shoulder with his fellow professionals and with other groups to help maintain a democratic climate in which not only his economic and political and social rights will be protected but also those of all citizens.

3. To help bring about a better balance of social needs and resources through an expanded and more creative social welfare program.

4. To extend our concern for a healthy social and economic development to the underdeveloped countries that so sorely need assistance.

In brief, we regard our professional knowledge and skill not as an end in itself but rather as a means to an end, namely, a better life for all of mankind.

BY SAVILLA MILLIS SIMONS

Desegregation and Integration in Social Work

THE GREAT PROBLEMS growing out of social change which confront us in this country today are part of world-wide historic movements that we cannot stop or reverse. They have been developing over many years, but have rolled up on us with tremendous force as the result of the stupendous technological changes of recent years. These changes have been so rapid that they have pushed us with almost unbearable urgency to slough off old habits of thought and attitudes about people, both people in other countries in far away villages with unpronounceable names and people here at home in our own communities, often newly come from some other part of the United States.

All over the world there has been a rising demand for increased welfare, and, even more important, greater recognition of human dignity. Especially in the newly independent countries, and in the poorer countries that are striving so hard for economic development, men and women living in extreme poverty are asking for a better life for themselves and for their children. They want enough to eat and safe drinking water; they want to learn to read; but even more urgently they want respect and human dignity.

As a result of the breathtaking developments in science and technology of recent years, especially in atomic energy, we see ahead the possibility of doing away with poverty. If we avoid war, fabulous possibilities for improved welfare lie ahead. We have moved into an era where, as the economic pressures for a minimum standard

of living ease up, we are increasingly concerned with the quality of opportunity open to people. Our goal now is not so much the adjustment of the individual as it is his opportunity for full self-development. In social work we are now confronted with a problem more subtle and more complicated than that of economic security and it is working for human dignity, individual dignity, identity as a person, and fulfillment in a mass society.

Part of the struggle for human dignity that is going on all over the world is the process of desegregation and integration in this country. This is a national problem, not a sectional one, even though its character varies in different places under different circumstances.

In this paper, I am using the terms desegregation and integration to describe a process of change to a system of organization with no distinctions or restrictions in participation based on race. Integration, as a more evaluative term, describes a process of achieving a more positive quality of human relationships. Desegregation is an essential prerequisite to the process of integration. It is, however, a more limited and short-run objective, whereas integration is a continuing process of group adjustment.

Social change is always a highly disturbing and painful process, but also one that gives hope. Social work was born out of social change. It has a function in helping people to adjust to social change and it is also itself an instrument of social change.

ROLE OF SOCIAL WORK

Social work is inevitably involved in an active role in the process of desegregation

SAVILLA MILLIS SIMONS, general secretary of the YWCA of the U.S.A., presented this paper at the National Conference of Social Work in St. Louis, in May of this year.

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and integration for the following reasons:

First, our convictions as to the worth of the individual, and our commitment as social workers to work for the self-fulfillment of the individual and increased social well-being require it as a matter of conscience. Our American heritage as typified by the Pledge of Allegiance reading "with liberty and justice for all" also commits us as citizens to be concerned with removing barriers that exclude any group of Americans from full citizenship. Furthermore, most of us are committed by the teachings of the Judaeo-Christian faiths that all men are the children of God. And so professional, democratic, social, and religious beliefs compel us to remove the gaps between these beliefs and our actual practices.

Second, as social workers we are concerned with the effects of exclusion, discrimination, and segregation on individuals. It is of particular interest to us as social workers that the Supreme Court decision of 1954 took into account the findings of social scientists, based on recent progress in psychology and mental health, on the harmful effects of segregation on the personal and social development of children.

Third, our social work agencies as an important part of the social fabric and community life cannot isolate themselves from social change of so significant a character.

Fourth, social work has insights and skills that help in the process of change and ease the adjustments involved. Surely the basic social work principle of beginning where we are gives us a base from which to start in any situation or community, and the social worker's understanding of the dynamics of human behavior gives guidance in the process of integration. This, of course, means acceptance of differences among communities and agencies as to where and how they initiate the process and in the speed with which they move toward the goal.

Twenty-five schools of social work with which I have had recent correspondence were in general agreement that social work-

ers have an obligation to work for integration in social work agencies and professional organizations. Some suggested that in addition social workers should work as citizens in community education and action programs.

What then has actually been happening in social work? What progress have we made toward our goals?

Some factual information, although fragmentary, may help to throw some light on the part social work is playing and might play in the movement toward greater integration. This information shows, during recent years, slow but forward movement toward greater integration of boards, staff, and services to clients and groups.¹

LOCAL COMMUNITIES

Evaluative comments on the progress of integration in private social work agencies as measured by membership of Negroes on boards and committees, employment of Negro staff, and integration of services were received from fifty cities throughout the country. In the large majority of these communities there was felt to have been some progress during the last five years. Mentioned most frequently were the addition of Negroes to agency boards and committees, and growing employment opportunities for Negro staff in agencies. In a number of cities it was reported that there were not enough Negroes available or ready to accept positions open on boards. This fact suggests the desirability of conscious planning to meet this need. The scarcity of trained Negro staff was also referred to, generally in cities with a small Negro population. The campaign for chest funds among Negroes is now conducted as part of one united drive in 31 cities.

The majority of community councils or

¹ In assembling this information, I have had the help and co-operation of many agencies and individuals to whom I am greatly indebted, especially the Urban League and the United Community Funds and Councils of America, which undertook special inquiries, and the Committee on Intergroup Relations of the National Social Welfare Assembly.

planning committees and, to a lesser degree, community chests in all parts of the country have Negro board members. Usually between 15 and 40 percent of chest agencies in northern cities have some Negro board members. About half the councils and chests employ Negro staff, more often nonprofessional; a few, but a growing number, employ Negro professional staff. As to member chest agencies, one-fourth of 1,200 agencies in forty cities, for which we have reports, employ some Negro staff.

In cities outside the South, in general, the larger number of the chest agencies provide integrated services. In southern cities, the common pattern among all types of agencies is to provide separate services for Negroes.

COUNCIL LEADERSHIP IN POLICY FORMATION

Analysis of this material shows very clearly that community organization plays a key role in this situation, and that councils of social agencies and chests have an important influence. In several of the communities where there had been greatest progress, the councils or chests had adopted official statements of policy which helped member agencies and the social work community to move ahead together. To mention only a few instances where the council has given such leadership: As early as 1946, the Welfare Federation of Cleveland adopted a strong statement of principles for interracial and intercultural relations covering the responsibility of the federation, the professional schools, and the agencies, and commended it to all member agencies. This was followed in 1950 by an implementing statement of the Group Work Council, and in 1956 by a statement of suggestions for practice in developing intercultural relations in group work.

More recent examples show the effect on social welfare of desegregation in the schools and, in turn, the role of social welfare in helping to prepare the community climate necessary for successful school integration.

In St. Louis, one of the outstanding examples of successful school desegregation, there has been notable progress in the last few years in social welfare. The Urban League here has done pioneer work in block-by-block organization. Two years ago, the Social Planning Council adopted a statement of goals which made the acceptance of clientele on a need and democratic basis one of the criteria for the acceptance of agencies in the council.

In Kansas City, where integration of the schools has moved rapidly and well, the Council of Social Agencies adopted a resolution in 1955 to encourage "each member agency to eliminate all racial discrimination from its practices, to work toward the total integration of the board, staff, program, and membership."

Baltimore, with strong leadership from welfare and civic leaders, as well as school officials, and with the outspoken support of the governor, was one of the first cities to integrate its schools after the Supreme Court decision. In anticipation of the decision, community agencies had organized a co-ordinating committee to mobilize public support and assist schools in desegregation. It is also of interest that workers from welfare and human relations agencies made home visits in neighborhoods where there were severe tensions. There has been considerable agency movement in desegregation, especially in recreational and educational agencies which were also affected by the Supreme Court decision ordering desegregation in parks and public recreation. Following a community-wide self-survey on intergroup relations the Baltimore council in March sent a letter to its member agencies stating its belief that nonsegregation at all levels of board, staff, and services is the ideal toward which all agencies should strive, and urging agencies to examine their practices in the light of this policy and to take appropriate steps to achieve the goal. This action reflects a general climate which has encouraged agencies of all kinds to move ahead. The Housing Authority of

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Baltimore City as early as June 1954 successfully put into effect a desegregation policy in its low-rent public housing program.

An example of particularly effective preparation was given by the Baltimore Housing Authority in desegregating its public housing program. It carefully worked in advance with all staff, tenants, and all possible neighborhood and community contacts, including the law-enforcement agencies.

There is no doubt that clear-cut assumption of leadership by councils or chests in enunciating desirable policies is very important in freeing agencies to move, and in providing a favorable climate for action. In saying this I am not unaware of the pressures that are, in some cases, brought on the fund-raising organizations.

ROLE OF NATIONAL AGENCIES

National agencies with local affiliates also influence progress. They have a responsibility to give encouragement, guidance, and support to local affiliates. They, like the councils, help to set the climate for integration by example and the setting of goals and policies. An inquiry made in October 1955 by the National Social Welfare Assembly on practices with reference to segregation in meeting places for conventions and conferences showed that 26 of 28 national agencies replying have interracial national meetings and that they hold national meetings and training institutions only in cities that furnish equal accommodations to all participants. On consulting eight of the major national case and group work agencies as to policies on desegregation, I found that all of them have taken steps over a long period of time to encourage their local affiliates in their efforts toward integration. Of this number, five group work agencies have written national policies calling for nondiscrimination in membership. In a variety of ways they have been studying their progress in interracial practices and working on ways to

implement the national membership policy. Because of space, my illustrations are limited to the experiences of just a few of these agencies.

In general, the settlements have had an open membership, and for more than ten years one of the criteria for membership in the National Federation of Settlements has been that an agency must serve all people in its neighborhood with no discrimination on the basis of race, creed, or nationality. There are two centers in St. Louis that have served interracial groups for some years. The YMCA, which has long been concerned with this problem, at its annual council meeting in 1954 adopted a resolution urging all member associations "to work earnestly toward the elimination of segregation and other forms of racial discrimination."

My own organization, the YWCA, has been working toward integration for many years. In 1926, the student YWCA's and YMCA's held their first interracial conference. Since then they have continued to work to eliminate segregation. Following a study of interracial practices in local community associations, the YWCA at its national convention in 1946 adopted its Interracial Charter and specific recommendations to local associations covering all aspects of local administration and operations. In 1949, the national convention pledged that "the YWCA would work for the integration and full participation of minority groups. . . ." At the 1952 convention a significant resolution was adopted on the international implications of the Interracial Charter. At its last convention in 1955, the YWCA voted that each local association and the National Board review its progress toward inclusiveness since 1946 and decide on concrete forward steps to be taken. "A summary of effective experience is to be reported to the convention in 1958." All over the country some local associations have taken further steps in recent months. An association in a southern state, for example, during the past year has

desegregated all its operations, including its residence and cafeteria. Other organizations merit great recognition for their work.

ASSISTANCE TO THE COMMUNITY

I have been discussing what social work agencies have been doing in integrating their own leadership and services. What have they been doing to work for integration in the community? On the whole, there seems to be less clarity about this aspect of social work's responsibility, but there have been notable examples. To mention only one, the American Friends Service Committee made an extremely valuable contribution to the successful integration of the schools in Washington, D. C., by helping the community accept the change. The committee used the seminar method to prepare teachers, students, citizens' groups, and members of the boards of education and recreation and private child-serving agencies. Seminar invitations were issued to board members of private agencies which were still segregated but considering changing their policies. The committee assembled information about experience elsewhere in the country to meet requests for information and advice about innumerable specific problems. When the committee terminated its project at the end of four years, there was strong leadership, specialized services, and widespread community efforts to complete the job.

There have been many instances of social workers undertaking social action in this field, but we must bring our professional insights and skills to this area of community action more vigorously if we are to make our full contribution to what Benjamin Youngdahl called a "rational adjustment of this problem which has faced us for so long."

PREPARATION BY THE SCHOOLS

All of us recognize, however, that the translation of ideals and policies into actual practice is fraught with difficulties and calls

for great wisdom, understanding, and skill. How are the schools of social work helping to prepare social workers to further the process of integration and to work in integrated situations? In general the schools believe the student is prepared by his total experience in the school, by the attitudes and practices of the school itself, and by the total curriculum. Many of the schools have an interracial student body. The School of Social Work at Washington University in St. Louis was integrated before the university as a whole.

Nathan Cohen, in his splendid address at the 1955 program meeting of the Council on Social Work Education, "Desegregation—A Challenge to the Place of Moral Values in Social Work Education," pointed up how essential it is for the schools to provide a climate for learning democratic values and the important place of social philosophy in social work education. In some instances agencies have had their first experience in integration when a Negro student has been placed in the agency and carried responsibility for white cases. The schools in some situations through their field work placements help prepare agencies and the community for integration in personnel and services.

GUIDING PRINCIPLES

What then are the implications of our experience for effective ways of work? I should like to summarize what seem to emerge as important requirements in taking forward steps toward integration.

1. To examine our own anxieties and fears from which prejudices stem, and have a real commitment to definite ideals and goals to serve as a motivating force.

2. To recognize, because of the dynamics of human behavior, that reaching these goals is not easy.

3. To begin at the point where the agency or the community is accepting differences in attitudes and point of view, and adapting the strategy to the local mores and

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habits of thought and the particular conditions. This may imply differences in speed of accomplishment but no differences in ultimate goals.

4. To set some timetables to assure forward movement.

5. To evaluate conditions objectively, make careful preparation in advance of action, assembling facts, establishing principles, getting agreement between board and staff on objectives and ways of moving.

6. To announce a clear and firm statement of policy and take appropriate action with balance and courage.

7. To make full use of professional knowledge and skills and a disciplined use of self.

8. To use interracial leadership in a team approach in planning and carrying out program.

9. To change attitudes by providing opportunities for meaningful experiences in face-to-face contacts that will permit growth through relationships. Even where residential segregation results in segregated group activities, intergroup activities can be arranged.

10. To build interracial experience around a common task or interest, not solely on being interracial.

11. To start *new* projects and programs, such as those in suburban areas, on a basis

representative of the composition of the community.

In the present situation, with seriously aggravated tensions in some areas, it is of the utmost importance to keep channels of communication open between white and Negro Americans. Social workers should be able to make an especially significant contribution at this point to meet a truly urgent need.

I have spoken particularly of the responsibilities of social work (1) for integration in social work agencies, and (2) for assisting integration in the larger community. We must not forget our continuing responsibility as citizens to build a favorable public opinion and to reduce tensions.

The carrying out of our role as social workers calls for infinite understanding, wisdom, fortitude, and courage. It may, in some instances, involve serious sacrifices. But social work can do no less in a time of dynamic change. Social work must do its full part in resolving the tensions within this country that, if unresolved, may help to destroy freedom everywhere and perhaps civilization itself. These are tensions that must be resolved, if America is to do its part in the world scene in preserving freedom and the kind of peace in which we can work for our objective of a good life for all people.

BY ELLIOT STUDT

The Delinquent and Community Values

AN APPROACH TO the problem of the delinquent in relation to community values must begin by recognizing two major sources of delinquent behavior. One is the traditionally diagnosed intrapsychic disorder within the individual stemming from family experiences and resulting in superego defect. The other is a group response to problems resulting from a social structure which inadequately provides support for value-oriented behavior to a large number of our youth. This is not to say that both factors may not be effective at the same time in determining individual behavior. It is to say that the emotionally disturbed delinquent is seldom found to be a functioning member of the delinquent group, and that there is a far larger number of adolescents with potentiality for healthy maturation who participate in delinquent behavior as a part of groups than we have realized. Many of us who work with delinquents on the official case loads have come to believe that group rejection of a value system whose rewards are essentially unobtainable causes a far larger proportion of delinquent behavior than most social workers have believed.

Because of social work conviction about the etiology of delinquency, most social work treatment of delinquents has been directed to the individual and based on the assumption that he is emotionally disturbed. If his participation in groups is

recognized, such membership is believed to occur only because his own delinquent motivations relate him naturally to others of like mind. We have notably failed to serve many delinquents through such an approach. If it is true, as many students of the problem believe, that a large proportion of delinquency represents a group solution to difficult social problems, and that this delinquent solution involves adolescents who are essentially capable of more acceptable solutions, given the opportunity to achieve them, then we face important implications for diagnosis and treatment in our work with delinquents.

ANTAGONISM TO COMMUNITY VALUES

Because we have given more professional attention to the treatment of individuals who are delinquent primarily because of intrapsychic disturbance and because such individuals form a relatively small proportion of the population of public correctional case loads, I would like to focus our attention now on the delinquents who are reacting antagonistically to community values as members of a delinquent subculture.¹ This will require examination of the value problems which adolescents in our society are required to solve, making the proposition that delinquent solutions to such value problems are the solutions most available to fairly sizable groups among our youth. I would like to make the further point that some individuals emerge from these adolescent experiences,

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¹ I am indebted to Albert K. Cohen's *Delinquent Boys: The Culture of the Gang* (Glencoe, Ill.: The Free Press, 1955) for this concept.

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and the resulting social reaction to them, much more "disturbed" than was necessary given the personality components with which they entered upon adolescence. I would also like to indicate some of the responsibilities of social work in relation to the social structure which produces such problems and to suggest directions in which social workers need to think in order to help individuals and groups who have already become delinquent through these social processes.

If we take this approach, we are not asking "how can we communicate values to our youth?" Rather, we will be asking "how easy and rewarding do we make it for adolescents to achieve a pattern of life in accordance with our values?" The problem lies not in how to let youth know what is expected of them. Through the public school system, through advertising, through a mass attack on the senses in radio and television, we make sure the adolescent knows the norms of the general community. The problem lies rather in the nature of the value system itself, and in the structure by which incentives and the means for achieving the goals of the value system are distributed among classes of youth.

First, we must note the interrelatedness of values and group experiences. Essentially, values emerge from individual-group relationships. All of us develop values and act in conformity to them because groups of persons who are significant to us and to whom we are significant hold values in common and provide support to the individual for behavior conforming to these values. We must also keep in mind that groups and their function in relation to values have a special meaning for the adolescent because of the life task implicit in his developmental period. This life task requires that he achieve for himself a governing set of values which will reflect his own identity and place in society.² In

earlier stages of development he could rely first on the mother and then on the family for learning and growth. In this later period he is inevitably dependent on the social groups available to him for help in achieving his social identity and the associated value system.

A CONCRETE EXAMPLE

In order to think more concretely about the groups which are available to the adolescent in our society as he undertakes this life task, let us examine the group structure of one large modern high school, a school with an enviable educational reputation whose student population is drawn primarily from upper middle class families.

Two girl students at the beginning of their junior year in this high school reported that in making social choices they were having to determine whether they would become "wheels," "nobodies," or "gunners." "Wheels" were the leadership students who "ran" the school. These were the "all-round" individuals who were the recognized successes in the faculty-approved group structure provided for the student population. Since these two students were scholastically able and had a variety of interests and abilities, they belonged to that part of the school population from which "wheels" were selected. With the approach of the last year in high school, competition to become a "wheel" was becoming more intense and the variety of activities required of the individual who would qualify was more extensive. The final identification of "wheels" in this school of over two thousand students would occur when faculty nominations were made to an activity committee of senior girls and a similar committee of senior boys, each of which was limited to twenty members. From this final selection process, at the peak of the pyramid, one outstanding boy and one outstanding girl would be honored at graduation.

"Gunners" were those in the student population who chose to ignore the faculty-approved group structure and the values

² See Erik Homberger Erikson, "The Problem of Ego Identity," *Journal of the American Psychoanalytic Association* (January 1956), pp. 56-121, for presentation and elaboration of this concept.

of scholarship, industry, good manners, and "all-round" participation which the structure rewarded. They provided for themselves informal groups where, remote from adults, they experimented on the fringe of "tough" behavior with smoking, drinking, and sex. They were known to their fellows by a general carelessness toward adult-approved norms, evident in their manners, their dress, and their attitudes toward study. They sacrificed adult approval for the comfort of peer approval within a partially delinquent subculture.

The "nobodies" were the large mass of students who neither sought for attention with the school-provided group structures nor participated in the experimental, partially delinquent subculture. The school provided few incentives to these individuals for group activity and the means for participating in groups consisted chiefly of spectator participation in mass activities such as sports and dances. By and large, these were the "lonely crowd," each individual drawing on his personal resources for relationships, or building for himself an isolated existence as one in an undifferentiated mass.

The two girls who made this analysis of their school group structure had a complicated problem. They had learned in their families to value depth of experience and intimacy above the extensive participation and competitive performance rewarded in the school structure. Therefore, they were not wholly in sympathy with the value system of the school. Since they felt themselves capable of becoming "wheels" and knew that their peers, the faculty, and to a certain extent themselves, valued the achievement of such a position, the choice was difficult when they found that such achievement involved the sacrifice of other important values. At the same time that the formal goals presented by the school began to seem questionable and perhaps unobtainable, the original friendship group in which they had participated since the seventh grade was disintegrating as different

individuals within it made different choices among the roles available in the social structure of the high school.

VALUE PROBLEMS OF A NORMAL GROUP

The solution to this problem devised by the two girls indicates the possibility of social invention by creative individuals who do not fit within the available formal social structure. Requiring a group as do all adolescents, withdrawing from the group system offered by the school except for those aspects which afforded them genuine enjoyment, and rejecting the groups available in the peer-controlled delinquent subculture, they decided to form their own group under the auspices of a local community center. However, in the process of developing this new group within the center, they again discovered an adult-controlled structure based on adult values which threatened what they hoped to achieve in this new experience.

They began their group with a nucleus of seven girls whom they had known in a center club of long standing. Twice during the history of this club it had been disrupted by the withdrawal of large cliques who formed private sororities. The new group with a new name quickly grew to twelve members and within a short time had a reputation for originality of projects, responsible contribution to the social life of the center, and interesting social activities. As the constitution for the new club was formed, the girls decided to avoid the dilution of interest and loss of intimacy which seemed to them to follow increase in size. They therefore proposed in their constitution a top limit of fifteen members for their club. This constitution was returned by the center officials as unacceptable because of the limitation on membership. By agreement with the high school, the center allowed no groups who would not admit at least twenty-five members.

We do not have time to describe the process by which the center was persuaded

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to permit a temporary period during which the club might remain small enough to build a genuine bond of intimacy among its members. In the discussion between the club and the center officials it was learned that this rule on membership was designed by the school and the center by joint agreement in order to avoid the formation of sororities. The officials never recognized the causal relationship between this rule and the actual formation of two private sororities. Analysis of the history of this club would have revealed that repeatedly girls in the club had despaired of achieving meaningful group experience through legitimate means and had twice, with the knowledge and help of their parents, created illegitimate groups within which they could experience the closeness which they were seeking.

ADULT-CREATED PROBLEMS

Analyzing this example of adolescents trying to grow up in our society we can observe several aspects of the social structure within which we expect our youth to work out their social identities. We note that the school offers a unified rather than a diversified value system with little regard to the variety of cultural orientations and abilities to be found within the student population. Furthermore, it is evident that the values given highest place within the school structure—wide range of interests, equal industry in all areas, single-minded effort toward upward mobility, and ability to move flexibly among many roles—are values of importance to a relatively small number of students and are decreasingly accessible to many of these as the competitive and selective nature of the structure takes effect. As a result, some of the informal groups among these students who can never hope to compete in this structure take on an organized defiance to the adult value system and provide a continuing delinquent subculture available to each new generation of students. The students who fit into neither of these ready-made group structures either

go without group experiences or find ways of creating their own. Such spontaneous groups usually require some adult sponsorship, but the adult-formed structures within which such groups operate, like the school, value size and competitive performance within inclusive organization more than the closeness of communication and depth of experience insured by continuity for which, in part, the growing adolescent seeks. The solution for many adolescents, outside as well as within the school, is found to be either in relative isolation or in participation in illegitimate groups.

This analysis indicates that by the kind of values we make prominent, the way we provide means for achieving the goals implied in these values, and the way we distribute the rewards for conforming to them, we are creating problems for even our most normal and potentially creative adolescents.

A DELINQUENT GROUP

Let us now examine at the other end of the value scale, the community response to a delinquent group as seen through the experience of a twenty-year-old parolee who returned to his home community after a two-year absence in prison.

As a parolee, John was periodically unemployed because of strikes and layoffs. As he sought some group-related way of filling his time, the parole officer began to hear about his friends. At first John was hesitant about discussing this aspect of his life because, although his present group had not been involved in his offense, he was aware of the generalized suspiciousness with which many parole officers view the groups in which the offender can find a place. John's first revelation about his friends was made in a story of social embarrassment. He had met someone he had known at a drive-in restaurant where the crowd gathered for coffee and he was invited to a party. He took a girl with him to the party, "real pachuco, hair in a high pompadour, black pants, white blouse, lots of makeup." With real chagrin he found that

things had changed while he was in prison. His friends sat on chairs instead of on the floor, the lights were low and the music sweet. Talk was the order of the day. "In the old days," he said, "there would have been marijuana, hot music, lots of petting, and one guy calling the other out to fight. Or some joke like when we took a goat into this boy's apartment. I sure ranked them by taking this girl." By "ranked" he meant a mutual humiliation which he had inflicted on himself and the group.

The group which he remembered from the old days had been perceived by the community and by themselves as "delinquent." Now in young adulthood the majority of this group had settled down in a working-class manner to jobs, marriage, and a new kind of recreation. In the group there were still two or three floaters like John. Two of the older leaders of the group had committed serious crimes and were out of the community serving long prison terms.

The parole officer gradually learned the story of the original group from John, from his mother, and from the records of the juvenile court. The authorities had never perceived John as a serious delinquent because his offenses were minor. The records reported chiefly that the anxious mother was overstrict and was the real problem in John's growing up. As the story unfolded, however, it was evident that from age fourteen through seventeen John's life was most deeply influenced by his participation in a mixed racial group which was a part of the city's delinquent subculture. The mother worked during the day. Her apartment and the food in the refrigerator, therefore, was available to the group. Although John was a relatively passive member of the group, he was tolerated in it as a purveyor of these resources. The mother knew of these activities and in her concern asked for help from the police, from the school, from the Catholic priest, and from the probation officer. Uniformly, each of these guardians of community values reacted against her,

perceiving John as an appealing youngster to be protected from his demanding mother. By a process of manipulation of the authorities of the community which immobilized his mother's efforts, John maintained the access to her resources which bought his place in the group. Therefore, for three years of his adolescent development, much of John's time was filled by indulgence in marijuana, experimentation with sex, and malicious pranks of one sort or another.

Once again we have observed the social structure in action. We should note that the adult value system and the structure by which it is supported has provided no legitimate place for certain fringe adolescents who could never have hoped to find a place within the usual structure of the American school. We should also note that every eye seemed to have a blind spot for the group which was actually providing the important socializing experiences for this collection of adolescents. We observe that what was happening to John was evaluated only in terms of the nature of offenses which he was known to have committed, and that what help was offered was directed to him as an individual. We should also note with concern the way the mother was isolated and made ineffective in her role of guardian of values by the various community authorities with whom she dealt. We should also be aware that the majority of individuals in the group were capable of moving in young adulthood into more acceptable roles as they were available.

NEW DIRECTIONS

As social workers we clearly do not have all the answers for the many problems revealed in our two examples. We should, I am sure, become much more aware of the way our values are selected and built into the social institutions through which our youth learn to become adults. For instance, I would like to have seen a group worker at the center in the first example begin to

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work with the school to devise a structure which offered more various small group activities within which adolescents with varying needs and cultural tastes could have felt comfortable. I am sure we will need to become more accepting and understanding of the social solutions which are appropriate for the youth who come from a variety of family cultures. It is evident also that we have failed to provide certain important social roles for our adolescents, and that somehow we need to offer them more opportunity to engage in significant tasks as persons who are becoming adults. Surely we need to give more attention to the delinquent group which is such a significant factor in the delinquent behavior of many individuals. Particularly must we find a

way by which parents can be involved together with the official authorities of the community in providing opportunity for acceptable socializing experiences to those adolescents who are giving evidence that the present formal structure provides no place for them. Only by concerted attention to the facts of social life as experienced by all our adolescents can we hope to prevent the development of delinquent solutions by many youth. Reaching those individuals and groups who have already decided that legitimate structures offer no satisfactions for their needs will require creative invention of a variety of opportunities for reintegration into the society in which they need to find acceptable social roles.

BY HELEN HARRIS PERLMAN

The Client's Treatability

SOME YEARS AGO I was caught up by a sentence of Thomas Mann's. It was in an essay on Nietzsche in which he was writing of that man's genius and of how, despite the fact that in his last days he was ravaged by paresis and its accompanying mental derangements, he had moments of lucidity when some of his most trenchant thinking was produced. Commenting on this, Mann said, "sickness is something purely schematic. What is important is that to which it is joined. . . ." Which was to say that paresis in a Nietzsche is different from paresis in any other man, and that any effort to grasp and know the significance of a sickness, whether it be of body, mind, or behavior, must involve that to which this sickness is joined.

It is a simple, almost ordinary idea as one entertains it. Yet, as sometimes occurs when one looks at a commonplace thing attentively—as when one looks hard at a chair or a familiar face or a common word—it may suddenly take on new perspectives. "That to which it is joined," it suddenly occurred to me, is that for which we are constantly seeking in casework practice, but with uncertainty and perhaps even blindness when we encounter it. What I am referring to, specifically, is our persistent efforts in casework to understand the nature of the client and his problem in

order to know how to go about helping with it—our efforts, in short, at diagnosis. In that diagnostic thinking we have sought to ascertain the treatment potentials within the client himself, the agency, and the social environment in order to anticipate outcome, in part, but chiefly in order to utilize those potentials of "treatability" in the surest and most economical ways. Yet a stubborn fact remains: that we have consistently focused more upon the nature of the problem, the sickness—physical, psychological, or social—than upon "that to which it was joined"; we have been more knowledgeable about the dynamics of pathology in a person or in his situation than about the dynamics of the whole person and situation of which the sickness was only one part. To be sure, in our diagnostic work we religiously have set down orderly accountings of "assets" alongside "liabilities," or "ego strengths" alongside "ego weaknesses," but we are often hard put to say explicitly what these ego strengths or assets consist of, what augurs well for our client's treatability, what might be used in hastening and solidifying the solving of the client's problem.

Not long ago I heard a caseworker present a case of a woman diagnosed as having a neurotic character disorder. In addition to her behavior in her marriage conflict there was a long and persuasive history of her parental relationships which amply accounted for the development of her pervasive personality problem. But in the course of a year's work with the caseworker she had fairly well worked through her problem of marital difficulty. How did this happen? "Oh, well," said the caseworker, "She had a lot of ego strengths." What

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exactly were these? The diagnosis never identified them. Yet did they not warrant as careful an appraisal as the problems of the ego? While it is true that it was the latter which would get in the way of coping with the marital difficulty, it is equally true that the former would be enlisted to cope with it. Had they been assessed and accounted for, the worker's idea of what to support, what to utilize and exercise, what to anticipate might have been more sure and more skilled. Treatment time might have been saved. Indeed, the very diagnosis of pathology may have changed. In this instance the worker was happily surprised, but the unhappy disappointment—or worse, the often futile involvement with the endless details of the sickness—might just as readily result from the failure to ascertain the factors in the client's treatability.

THE CLIENT'S SPECIFIC QUALITIES

There are reasons for our concentration on the client's problem, reasons too complex to spin out here, but they are explanations of our developmental stage, of the only recently emerging knowledge of ego psychology, and of certain misconceptions to which we have clung, perhaps in the all-too-human search for certainty. Among the latter, one deserves our attention as part of the preface to what follows, and that is our tendency to assume that to classify material or persons is to know them. Or that to put a person and his problem into a ready diagnostic category is to understand him. But this is a gross fallacy. The fact is that classification is but the preliminary "roughing out" of diagnosis. The person's particular, specific nature must still be divined within the classification; his differences from others of his kind must still be sought out. Thus, to say of a man that he is schizophrenic or that he has an anxiety neurosis says a number of things about him to one who understands the nature of his illness, but they are general kinds of things.

Within this same classification are men who are bright and those who are dull, the educated and the uneducated, the talented and the inept, the one whose environment will cushion him and the one whose environment will undermine him, the one who wants to get well and the one who fears it, and so on. What help the caseworker can give any person so diagnosed depends again on that to which schizophrenia or anxiety neurosis is joined, those specific qualities of person, problem, and resource which, in combination, bespeak treatability.

In defense of the careful clinical diagnosis of the client, it has often been said that it alerts the caseworker to what not to do and what not to expect. This is surely important. Yet it is equally important that we search to identify and diagnose those patterns and qualities in the individual client which tell us more positively what might be done and expected. And these patterns and qualities are: his volition—what he wants, what he wants to cast out of his life or to make part of his life; his capacity—what he is able to do about what he wants; and his opportunities—what is actually available to him outside himself. These constitute the primary factors in a person's treatability whatever his problem may be. They indicate not what the person *has* as a problem but rather what he can and will *do* about it. More than this: his conscious motivation and his ableness, when they are engaged and exercised in casework with him, are powers which may be enhanced, strengthened, and goal-focused.¹

¹ Currently at the Research Center of the School of Social Service Administration, University of Chicago, the proposition is being tested that "the client's use of casework service is determined by his motivation, his capacity, and the opportunities afforded him, both by his environment and by the social agency from which he seeks help." See Lilian Ripple, "Motivation, Capacity, and Opportunity as Related to the Use of Casework Service: Theoretical Base and Plan of Study," *Social Service Review*, Vol. 29, No. 2 (June 1955).

What follows now is an effort to identify those behaviors of the client which at one and the same time are signs of his will and ability to work productively on his problem and are the dynamics we seek to influence in order to effect movement and change. You will find nothing here you have not already seen in your clients—perhaps noted in passing, perhaps taken partial or full account of. My effort is chiefly to point the necessity that we take full measure of the powers within the client which bespeak potentials for change or which invite support and development. I wish I could know more surely and precisely which combinations and weights among these potentials are more and which less important. I have the motivation but not the capacity, at least at present, to do so.

"WILLINGNESS" TO USE HELP

Perhaps the *sine qua non* is the first one: that the client be willing to work on his problem with the agency. "Willingness" here is used in the sense of the client's conscious intent to engage himself in using help. There are several progressive stages through which a person moves in order to be willing. "Wanting" usually precedes "willing." A person *wants* to get rid of some difficulty or to achieve some goal. But "wanting" may remain like "wishing," simply a yearning for some change, a desire or hope that something will happen outside of the person himself. Thus, the client may come to the agency *wanting* change but wanting it "to happen" to him or about him, largely through the efforts of others.

But "willing" involves taking several steps beyond "wanting," one at a time or all in one leap. They consist of seeing one's self as a potential force in shaping one's ends; of changing one's self with taking some active part in making whatever changes must come about; and of mobilizing one's self to act in necessary and appropriate ways. Within this movement from wanting to willing, one may see the

typical adaptive functioning of the ego from perception of need and goal to organization and mobilization of energies directed toward achieving it.

The first sign of the client's willingness is his verbal request for help on his problem. He says he wants something done by the agency or he wants to do something with the agency's help. (If he leaves off with the former, the casework task is to bring him to the latter.) If accompanying what he says is behavior which shows that he feels more uncomfortable than comfortable about his situation, more distressed than satisfied, the motivation for change and for willingness may be deemed to be present. (An individual must feel some discomfort or anxiety to do as much as change his sitting position.)

A second indicator of potential willingness to use agency help is that the person sees himself (unaided or in response to the caseworker's help) not simply as a victim of what has been and what will be, but as an actor with some part in his situation in recognition (though perhaps not yet understanding) that his behavior is an actual or potential dynamic in his problem situation or in its solution. Add to this his spontaneous or responding verbalization that he wants either to arrive at some change in the way he is or does or (depending on where the problem lies) in the way he can manage his problem and one has indication that here is a person who sees himself as a working member of the caseworker-client team.

Another sign of willingness is what the client tries to do in the interview-work. Whether he can succeed in doing or not will depend on his capacity (and also on the worker's skill) but his effort bespeaks his positive motivation. In response to the worker's questions or comments, the client will invest himself with some intensity; he will "put himself into" explaining his situation, making himself clear; he will try to operate in mutuality—that is, to follow what the worker is saying, to answer questions, to ponder a point; he seems to trust

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the worker's intentions and tries to cooperate.

A most telling test of motivation or willingness occurs when the worker injects into discussion the realities of the kind of help that is available and the conditions of work. Sometimes this meets the client's expectations, sometimes he is happily excited to find that the agency can promise better resolution than he had thought possible, but often the reality of available help is disappointing because no ready-made solution is there, or the solution falls short of the client's fantasy, or the way to the solution remains to be explored and holds many uncertainties. The client's willingness at this point may be seen in his effort to bear the frustration of waiting and working, and in his expression of hope and trust in some later solution. He is willing to postpone gratification (because he is able to trust and to hope) but also because he is trying to work together with the agency in relation to his concept of himself as a responsible person. Along with this he tries to accept, tentatively at least, that the agency has a valid basis in its experience for its procedures or policies or differing perspectives and he agrees (again, spontaneously or in response to the proposal put before him by the caseworker) that he will go forward with the agency for at least a trial period.

In sum, whatever the nature of the client's problem, maladjustment, or wished-for goals, it must be joined to or connected with the motor power which lies in his conscious motivation for help and change.

CAPACITY TO USE HELP

Along with "willing" must go "being able" to work on one's problem and so the caseworker must seek to understand, too, the client's capacities—not, again, the totality of his abilities but those that bear on his working out the problem he has brought to the agency. By capacity I mean such qualities of emotional and personality make-up, of intellectual and physical en-

dowment which the individual has and can use. "Can use" is the chief consideration here because of the frequency with which potential capacities in human beings are blocked by conflict or held under by lack of motivation. Part of the caseworker's help to a given client, of course, may be that of bringing potential capacities to fruition.

Perhaps the primary capacity needed in taking help is the capacity to relate. Without it, things can be done for and about a person, but never with him. Capacity for relationships is a many-nuanced, finely graded thing. It includes the tenuous, veiled sense of proximity or distance one may encounter in a schizoid personality, the challenging wariness of the distrustful person, the hungry clinging of dependent persons, the responsive give and take of ordinary, adaptive persons in communication. "Good" capacity for relationship may be validly assessed only when the worker demonstrates himself to be receptive, responsive, and with helpful intention. Then it may be judged by these signs: As the client "feels out" the worker and finds that the intent is to help, not to harm him, his trustfulness deepens. Some greater ease and freedom permeates him and he opens himself and his problem a little further. He hears at least the overt content of what the caseworker says to him and he sees and accepts the caseworker's professional identity (though his vision may have to be corrected now and again as feelings may distort his sights). Thus his responses to the worker as a helping partner are appropriate. As discussion together goes forward he shows that he is able both to reach out to the caseworker, to take in what is proffered, and yet to maintain his sense of his adult identity. In brief, there is indication of trust and a feeling of togetherness in some mutual task.

Intimately tied in with the ability to form and sustain relationship is the ability to "feel," that is, to experience, to know, and to bear one's emotions. Stated flatly

thus, "ability to feel" sounds like an absurdity because all human beings feel and have emotions. But not all human beings retain the capacity to experience and know their emotions in the sense of tasting and savoring their bitterness or sweetness or allowing them to wash over both the heart and the mind in order to take full, knowing possession of them. The life experience of many people has led them to deny or block off recognition of their feelings, to coat them with the enamel of indifference, so to speak, or to imprison them in darkness for so long as to dwarf them. Such persons have had cause to fear their feelings, to be afraid of being overwhelmed by them, to "feel" that they are dangerous or that they are no part of the "owned" self. These persons' motive power (and this is emotion) is curtailed or cut off from the purposes of the mind. Then, there are other persons who are literally creatures of their own emotions, who are continuously ravaged and buffeted by the internal anarchy of their feelings. These persons experience their feelings intensely, but they do not "know" them in the sense of recognizing them for what they mean and whence they stem, nor can they tolerate them or bring them into harmony with their purposes. They are in a sense owned by their emotions and they are literally spent by the emotional energy which, rather than empowering their purposes, runs amok in them. In both kinds of persons the mind and the heart may be said to have poor communication with one another. To experience is not necessarily to know, and to know is not necessarily to experience; both must take place and fuse for the person to be able to feel whole and capable.

One of the kinds of change which the casework process repeatedly aims for and which often seems to unfold out of the experience of a meaningful relationship is this very change of feeling within the person which helps him know, experience, and tolerate himself as a feeling as well as a thinking and acting person. But, in order

for this fruition to come about, the quality of the ability to experience feeling must be present at least in the seed, and it is the evidence of this potential or actual quality that the caseworker seems to discern and assess.

The signs of this quality may be seen sometimes singly, sometimes together, but they are more validly appraised in the whole than in fragments. They are these: the client, as he talks about himself and his problems, shows by his facial and bodily responses that feeling is invested in what he is saying. His feeling is appropriate both in intensity and in kind to the content he is discussing. He is able to admit to being involved in feelings rather than having consistently to deny or project them. He can say, perhaps with some struggling, what he feels like—that is, he can express and verbalize his feelings to another person. He can not only talk about them but can dare to experience or live them out in the safe presence of the worker. He indicates in discussing other persons with whom he is involved that he can feel toward, with, or against them—that he can invest his feelings outside himself. And finally, he shows by his responses to the caseworker's demonstrated compassion, concern, and strength that he can take over into himself something of the feeling responses of another person and utilize them to affect his own.

Both relationship and feeling are capacities of emotion. Certain behavior, emotionally determined, gives further evidence of the freedom and balance in emotional capacity. The way a person tells and explains his dilemma and his need, his part in it, his reaction to it, and the ways he responds to the new stimuli of the caseworker's operations may tell us much about his defensive and adaptive patterns. That he will use defenses is to say only that the client acts like every other human being who must protect himself against outer or inner insecurities. It is, rather, how he uses his defenses which bespeaks emotional balance or disturbance. If his defenses are

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chronic, rigid, and inappropriate in the face of the protections and receptiveness offered in the casework interview—if, in short, they persist in a set pattern despite an unthreatening external reality—one may know that it is an internal threat to which the person is reacting and that internal threat is of emotions unexpressed or actually unknown. If, on the other hand, defenses are used temporarily as momentary shelter from or brief detour around a threatening situation, if they are realistically called for and can give way to evidence that they are unnecessary, if, by their flexibility and diversity they lead to valid attempts to cope with the threat to the personality, one may know that there is some freedom of responsiveness and therefore relative adaptiveness. Adaptiveness, which means emotional capacity for change, shows itself in such small modifications and shifts of feeling, thinking, and action as occur responsively to the nurture, stimulus, and resources provided by the caseworker.

Finally, emotional capacity may be seen in motivation which bears fruit—that is, that the client not only makes efforts to respond to what he sees, hears, and feels from the worker but that he does so adequately, that he not only wants to involve himself in grappling with his problem but that he demonstrates that he can take hold of thinking and planning at least some part of it.

SOCIAL INTELLIGENCE

Intelligence is a vital capacity in one who would change himself and/or his situation. To be sure, a person's intelligence quotient offers no gauge of his ability to solve problems, even those which are of concern to him. Motivation and emotional freedom empower the intellect, and the lack or crippling of either debilitate it. Nevertheless, intellectual adequacy is no handicap either, and certainly that part of our communication which is verbal is facilitated by a person's grasp of word meanings and his association to ideas. Perhaps what the

caseworker needs to assess is less an intellectual and more a "social intelligence" capacity. "Social intelligence" defies even the psychologist's exact definition but a few of its major components can perhaps be described.

The first essential feature of social intelligence is perceptiveness—the ability to see straight and with acuity. A perceptive person sees what is outside of him and also what is within him and he sees the relationship and difference between the two. The range of perceptivity is wide and varied, from the person whose mental receiving set seems blunted or blurred to him whose sensitivity registers every degree of differentiation. This range may also be found within any one person at different times because at times of intense emotion our perceptions are affected; we may be blinded (as with rage, or with love) or we may experience heightened awareness with focusing of perception on some object (as when one "smells" danger or "senses" another person's feeling). Perceptivity may be considered good when a person beyond seeing clearly, sees into things (perhaps it may be said he sees three-dimensionally) and he reads valid meaning into what he sees and thereby can make connections between or among them.

A second attribute of social intelligence is the ability to communicate, both within one's self and out to another. Communication, we know, may occur at several levels. One is through the language of the body—gestures, bodily attitudes, facial expressions—which often says deeper things than can be conveyed in words. Another level usually accompanying body-language is that of subverbal sounds—the assents, the negations, the small noises of pleasure or pain that are unshaped communications. These are part of normal everyday communication, and, like body-language, they convey general rather than finely differentiated responses. In order for a person to become "self-possessed," however, that is, in order to be able to know, understand, and

consciously take hold of what one experiences and to manage it, there must be words. Words identify one part of experience from another; they name differences; but more than this the groping to give something a word-name represents the forging of a link between feeling-sensing and thinking. To be able to put something felt or experienced into words means that some inner communication system exists between the heart and the mind. Until a human being's experience is transferable to his mind, it is unavailable to his conscious management. (In the last analysis, this is why talking, using words to give names to amorphous masses of feeling, is the major tool of psychotherapeutic methods.) To deport one's self in social relationships depends on one's ability consciously to appraise and manage one's self in relation to other persons and situations. This, in turn, depends upon the ability to communicate accurately what one senses, feels, thinks, and does. And this is why social intelligence may in part be gauged by ability to convey meaning in words and why, too, the caseworker attempts to reinforce this capacity in his clients by encouraging the verbal expression of feeling and thought.

Yet another important element in social intelligence is attention, that is, the ability to settle one's sights and thinking upon one thing or one aspect of a thing at one time. To "stick to a subject," to examine it, to maintain focus and directedness are essential to any careful working over of material. Judgment, too, is an essential quality of social intelligence. In any problem-solving, some decisions must be arrived at. Choice of what to do or what to be or how to act calls for the ability to weigh and consider values and meaning in the light of the past, of anticipated experiences, and of realistic perceptions. Capacity for good judgment may be gauged not only by its end results but also by a person's readiness to exercise himself in the effort to pause and deliberate and examine acts and consequences before taking action.

Social intelligence in any situation is probably heavily dependent, too, upon know-how. That is, in order to operate "intelligently" an individual must have some general idea of how to go about coping with a situation, what his role must involve, what is required of him and of the situation. The extent of a client's know-how may be seen in his efforts to cope with his problem prior to his coming to the agency, in the ways he presents his problem, in his grasp of the caseworker's explanation of the mutual but distinct roles they will take in working together, and so on. The client who "has no idea" of what to expect or what to do may need considerably more direct suggestion and guidance from the caseworker than one who is in possession of some working knowledge.

Know-how shows itself in appropriate action. Such action is manifestly subject to distortion or vitiation as a result of emotional conflict. The extent or spread of conflict, indeed, may be known by the differing kinds of situations in which, while the person may have know-how, he cannot function. Conversely it is a good sign when, despite internal disturbances or external difficulties, a person is still able to act in accordance with what he knows is called for. Again his adaptability is demonstrated thereby.

The gauge of this latter aspect of social intelligence—the coherence of know-how with action—requires that the caseworker know something of the realities of the client's social situation. His economic, housing, marital, interfamilial situations all may be forces which empower or incapacitate him. His perceptiveness, attention, judgment, or adaptability cannot be measured except as some measure is taken of those forces to which he is subject and with which he is interacting.

The client's physical capacity is probably the easiest one to assess, or at least the easiest on which to get specific expert opinion. Except as the problem brought by the client is that of his physical con-

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dition, what the caseworker needs to appraise is whether the client has physical energies free to invest, or whether his energies are being consumed by sickness, debility, or exhaustion. The spirit may be willing but the flesh may be weak, not alone by ambivalence, as the ancient saying suggests, but also because long hardship may have drained physical hardiness.

These, then, are some, not all, of the major indicators of the client's willingness and ability to work on his problem or some vital part of it. They are those faculties to which his sickness—or his maladjustment—is joined. And it is only through their use that it can be influenced.

WAYS OF HELPING CLIENTS

It would require another paper to delineate how the casework helping process is related to this combination of the client's volition and ego strengths and how it enhances them. Here I can only name some of the common ways we help our clients which, at the same moment as they nurture the client's motivation and capacity for using treatment, also test his responsiveness to it. We help the client to know more clearly and surely what he wants and then what he must do to get it; to mobilize his energies and stretch himself for attainable goals and with realistic hope; to express and share the feelings which block or drain his energies; to see himself and his problem and its solution with greater clarity and realism; to focus on one part of a problem at one time; to feel safe and at one with a person who combines compassion with competence; to gain know-how; to exercise consideration and weighing of choices and decisions; to take trial action on the basis of increased security, knowledge, and provisions; and so forth. As we engage the client in moving into any one of these changes of willing, feeling, thinking, or action, we are building into his "treatability." By his responses we can know how well or how poorly he can or will work on

his problem, and from this, what our expectation of him and of ourselves and of our joint goals may be.

A person's past history, reports on him from other professional sources, accounts of former experiences and reactions to gratification or frustration, on all these we have long depended to provide a rough framework of anticipation as to treatability. Yet there is no better testing ground for the client's current responsiveness than the immediate casework situation. Were this not so, if behavior were "cast in iron" by the past, there would be no point in casework or any other therapeutic effort. Thus, the client's treatability must be both sought and exercised in ongoing interviews.

THE GOALS

Treatability for what?—we must ask—to what end or goal? We can state our overall casework goals in terms of ideals and absolutes—in terms of individual and group welfare, of personal gratifications and social usefulness. But within these absolutes the goal for each specific client must be unique to him and to his situation. With every client, however, we are concerned with one immediate goal: that he engage himself—feeling fully, relatedly, understandingly—in facing and tackling his problem together with us. Unless this first goal is reached in some measure, any ideas as to eventual aims will remain in the realm of ideas and will only serve to plague and frustrate the caseworker so that he cannot seem to bridge the yawning gap between what the client seems to want and what he seems to need. If this first goal is to be achieved, it can only come about by the caseworker's coupling his thinking and action into the client's volition and adaptive responses, those goal-directed powers to which his problem is joined. Then the goal for each client becomes an unfolding prospect, not a fixed end so ideal or remote that both client and caseworker soon despair of ever reaching it. It may be

seen rather to be a series of small way stations such as are found along a mountain path. "The summit is probably not achievable," the climber thinks, "what with my age, my legs, my other interests, and the flight of time, but I am drawn in relation to its pull. And it is satisfying to reach the marker which says I have advanced, which enables me to look back with some sense of accomplishment and which gives me the chance to pause and decide again whether this is my goal for today or whether I can and want to go further." So with the caseworker and his client: on setting forth in their work together the caseworker may share with his client what the hoped-for

goal might be and what the general direction is. But he must know that he must first traverse with his client the ground which yields a nearby subgoal. Here they may pause to take measure of the problem again, and of their labors on it, and of the client's now demonstrated push and capacity to go forward or of his wish and need to call a halt. Whether he can or cannot attain the ultimate goal, then, is not the criterion of the client's treatability. It is, rather, whether in the context of his particular problem and his particular social situation, his particular powers of willingness and adaptability may be bent to the next goal-directed task.

BY CHARLES J. BIRT

Family-centered Project of St. Paul

THE STORY OF the Family-centered Project of St. Paul is more than a story about research and treatment of multiproblem families. It is the story of how a community was stimulated and organized to retain its focus for a period of ten years on one project in competition with the regular duties of the day and other important community programs.

It is the story of a community's concern about those families in its midst who were so beset by a multiplicity of problems that, despite the best efforts of both voluntary and public social agencies over a period of years, they still required a large share of the total community welfare services. It is the story of a community's search for some better plan of treatment for these families.

It is also the story of a community's break with tradition in that no new agency was created nor was any existing agency asked to change its function in order to provide direct service to these families. Rather, the story of the Family-centered Project in St. Paul has been the story of a co-operative enterprise undertaken by all the agencies that had been concerned about these families in an effort to work out together a better plan for treating them. It begins in 1947.

FAMILY UNIT REPORT STUDY

We had just completed the reorganization of our entire chest-council structure with an aim to making it more representative of the social welfare groups and providing through it a better means of participation in social planning when Bradley Buell

visited St. Paul with the proposal that we make a social accounting of the total number of families served by all governmental and voluntary agencies in Ramsey County during a given month.

Buell's proposal was studied and approved by the three co-ordinating councils, the Planning and Research Council, and the Board of Directors of the Greater St. Paul Community Chest and Council. The Planning and Research Council was instructed to supervise the study—known as the Family Unit Report Study, or FURS—which was financed by the Grant Foundation and directed by Community Research Associates, with additional funds and staff from the chest, the Wilder Foundation, and the County Welfare Board.

We were fortunate in having a climate that was receptive to the development of such a project. Many years before the project started local professional workers such as Heckman, Atwater, Bowman, Currie, Osborne, Clevenger, and Dr. Lippman had long been convinced of the need for this type of analysis so that our resources might be more intelligently pooled and used.

Given this favorable climate and the means for transforming community concern into community action through the council structure, the co-operation of more than one hundred governmental and voluntary agencies was sought and obtained to record the data on all families served by them in the month of November 1948 in an effort to make an accounting of problems and services in the areas of economic need, ill health, social maladjustment, and recreation. The task involved 58,000 schedules on 43,000 separate families, with as many as 214 items on a schedule. Much prelimi-

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nary work had to be done with agencies to make certain that uniformity in definitions and methods of recording was accepted so as not to invalidate the data when it was completed.

The study confirmed our suspicions that a small percentage (6 percent) of our families took a disproportionately large share (50 percent) of social welfare services and that there was a high concentration of serious problems such as dependency, ill health, and maladjustment in these relatively few families. Here was a challenge that should not be allowed to gather dust on the reference shelf of the library.

A new steering committee composed of the chairmen of our councils and members at large was formed. Under their auspices we devoted the period from late 1949 to late 1952 to acquainting the member agencies of our councils and their boards with the significance of our primary findings, augmenting this information with new data obtained from additional analysis.

This analysis revealed that many agencies had been working concurrently with these families over an extended period of time but that treatment had been fragmentary, episodic, individually oriented, and on an agency-by-agency basis, according to the particular symptom that was causing trouble either to the family or the community at the time. We do not imply that there had not been good working relationships between agencies in St. Paul. On the contrary, we were fortunate in that they were better than in many communities. Case conferences among agencies were common and attempts had been made, through council committees and studies, to define areas of agency responsibility. Nevertheless, despite the community's alertness to its social responsibility and the untiring efforts of the social work staffs, there remained a "hard core" of families difficult to treat, resistive to assistance, and hostile to any semblance of authority. This is the background from which our project took root.

UTILIZING THE INFORMATION

Late 1952 found us with our first grant of \$90,000 from the Hill Family Foundation for a three-year period during which we hoped to work out a plan for improving the conditions highlighted by the FURS study. We established a workshop committee of professionals to examine, dissect, and argue the full meaning of the information we had and decide how it could be used to implement and support an operational program. Members of the workshop during this period represented the fields of medicine, casework, research, psychiatry, public welfare, and community organization.

We started our workshop discussions with four points in mind: classification of families from the 1948 6-percent group who were still in the active case load of the Ramsey County Welfare Board as potentially treatable, needing only a specialized service or supportive help; establishment of detection centers for uncovering "hard-core" families in the making; development of a co-ordinated and directed plan of diagnosis and treatment for potentially treatable cases; and working out of agreements with public and voluntary casework agencies whereby each would work with a block of these families under supervision and upon a co-ordinated basis developed through family-centered treatment concepts.

An experimental project establishing a detection center in the juvenile division of the police department demonstrated the futility of discovering families needing help unless treatment could be provided them, and emphasized the importance of the last of our four original points—the need for working agreements with agencies for providing this treatment. We were convinced that treatment, to be effective with this group of families, must be family-centered. Therefore, our next task became one of gaining agency acceptance of the concepts of diagnosis and treatment in terms of an entire family rather than in terms of spe-

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cific problems of individual members of the family.

That this would not be easy had been made clear to us by community resistance to the project dating back to the FURS study when critics emphasized that our findings only confirmed what we already knew. The steering committee's first suggestion that a plan for family-centered diagnosis and treatment for multiproblem families be formulated had been met with the statement that we had no acceptable definition of what was meant by family-centered treatment. There were expressions of fear that to achieve any success we would have to rely upon an authoritarian plan which would mark the beginning of the decline of voluntary social work. Agency concern over loss of agency identification had to be answered; cynicism and skepticism about the ability of the family-centered plan to achieve better results had to be removed; and doubts as to the practicability of applying the family-centered approach had to be lessened. A common approach to these problems was made by inviting agency executives to join the workshop discussions so we could talk them over together.

PILOT PROJECT

Meanwhile, selection of the families for an experimental pilot project was being made according to previously developed criteria so that when agreements were reached with the agencies the project could get under way. This was accomplished in July 1954. Family Service, Bureau of Catholic Charities, Jewish Family Service, Wilder Child Guidance Clinic, and Ramsey County Welfare Board provided one or more workers each out of their own budgets to be assigned to the project. The workers and their supervisors, while remaining administratively under their own organizations, met regularly with the casework consultant of the Family-centered Project.¹

The pilot project as a collaborative effort made possible by these five agencies has many unique features. No new agency

has been created; nothing in the way of structure has been changed. Both voluntary and public agencies carry cases from the public load; the size of case loads for each worker is the same; functional roles in the project are identical. Sectarian lines are somewhat blurred, with the Jewish agency, for example, serving non-Jewish families. Agreements have also been reached with several specialized agencies covering the *modus operandi* between Family-centered Project workers and the agencies to expedite the treatment process based upon the family diagnosis made by the Family-centered Project worker. The project itself presently employs only three resource people² who, responsible to the staff of the chest-council, provide direction and the necessary leadership, community organization, research, and training skills.

In the beginning we had to develop certain basic assumptions for treatment. We believed that these families could be helped by social casework methods, but assumed that special adaptations would be needed. We would have to go out to the family because previous efforts to help the family at odds with the community gave convincing evidence that they would not, in the beginning at least, come to the social agency. We were deeply convinced that our approach had to be family-oriented, with work centered on the whole family in its total situation. We assumed that one worker, while addressing himself to the needs of the whole family, would also serve as a bridge between the family and specialized community resources, utilizing each of the services as needed and in relationship to the over-all treatment plan.

We also hoped to learn from our experience with these families how the health and

¹ We were fortunate in obtaining the services of Alice Overton as case consultant. Imbued with enthusiasm for the family-centered program, she has been able to infuse this enthusiasm into the project workers.

² Dr. Malcolm Stinson and Beverly Ayres in research; Alice Overton, director of the project, in casework.

welfare services in the community might be organized better, and to plan what agency or agencies should ultimately have responsibility for services to the socially deprived family. We had determined during our workshop discussions that predetermined plans, or blueprints, do not work. Even if we could gain acceptance of such designs we would merely be repeating the practice which has led to so much specialization, and which has caused us to lose sight of the importance of co-ordinating all community resources in a treatment plan for the family as a whole. Agencies must have a share in whatever plans are developed or there will be no real implementation.

FOUR GROUPS

In order to insure joint analysis of work experience and symmetry in treatment method, seminar meetings under Miss Overton's direction were set up for the workers and supervisors. These sessions have taken on a heavy emphasis of experimentation and research as different elements of treatment are tried out by the various workers, experience in their use reported, analyzed by the group as a whole, and adopted for general use in the project. These seminars have been an exciting experience, and the sense of mutual support present makes it possible for the group to report failure and confusion as well as more positive results.

The supervisors' seminar is composed of the supervisors from the five agencies contributing workers to the project and people in supervisory positions in other agencies. It meets biweekly. The focus of the sessions is on common problems of supervision, on the content of practice, and on the analysis of interagency relations. Using the experience of the workers, they are engaged in clarifying treatment concepts and formulating them in such a way that they can be understood and used more broadly within their agencies and throughout the profession. More recently they have begun a

careful analysis of the working relationships among their own agencies and with other agencies in St. Paul.

In addition to these two seminars, there are two other functioning groups. The workshop group is the oldest from point of service of all the groups in the project and has continued to meet regularly on a biweekly basis. This group advises staff on over-all plans and operating problems, such as agency agreements, the research design, the measurement of change in families, and the co-ordination of agency programs.

The fourth group vital to the project, the Family-centered Committee, is composed of lay leaders in the community. Each of the boards of the five agencies has at least one representative on the committee. In addition, labor groups, business, PTA's, and other civic groups are represented. This committee meets monthly, and is responsible for over-all policy decisions about the project. It has as a primary focus the community organization problems highlighted by project experience. Various gaps and irritants in community resources, as seen by the families themselves, are reported to the group by the pilot project workers. The committee weighs these problems in terms of agency structure—present and future—and looks for longer-range solutions.

These groups provide a method for joint thinking, planning, and action at each significant level of social work organization in the community: the workers, the supervisors, the administrators, and the lay community. The feeling of involvement of all these groups has grown, but not at a uniform pace, and there have been many areas of resistance. Our most important job, therefore, has been one of gathering, developing, and spreading ideas—through the participating agencies, through other agencies in St. Paul, and through the community at large. This grows out of a conviction that whatever changes of value the project can bring about will occur

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out of an educational process, out of plans developed co-operatively with participating agencies and therefore meeting their acceptance.

PROBLEMS

There have been many operating problems in working with the participating agencies. Our project is not an administrative agency in the real sense of the word. Its personnel and families are loaned to the project for the duration of the experiment. It is in essence an operating unit to encourage and foster a new way of practicing social casework. The project caseworkers remain administratively responsible to their parent organizations. This has created some confusion. Complaints regarding mistakes are relayed to the project director with the hope that the director may have the power to make the participating agencies "behave." Sometimes a department within an agency indicates the whole project is unnecessary but feels it must go along with agency policy of participation. This being the case, temporary and minor setbacks tend to seem like permanent and major blocks to progress. Project staff must depend on the process of negotiation and conferences with agencies to reach common agreements in such matters.

Group cohesion was initially stronger among the workers. Most of the supervisors, burdened with administrative duties, had not had the opportunity to become acquainted with the requirements and purposes of the project. There was some skepticism about adaptations in casework practice. However, the conviction which we saw first in the workers was developed with the supervisors through individual conferences during the first year.

We have also made a start in trying to improve methods of interagency collaboration. While the relationships between agencies in St. Paul are generally amicable, the record of their actual working ties in serving multiproblem families is not so

fortunate. Our experience to date suggests that developing methods of working together and defining specific techniques to facilitate this process is not as easy a task as may be assumed. The family-centered worker has tried very hard to co-ordinate the activities of all the agencies serving the family to the end that each should supplement and reinforce the efforts of all the others. However, no one agency can direct the activity of other agencies—co-ordination must be a matter of mutual study and agreement.

We need to define the point at which the function of one agency ends and another begins, and the way several agencies can work together on a common treatment plan for one family. This will have to be done from actual work experience, with detailed analysis of referral process and scrutiny of joint treatment efforts. Such attention as we have already given this subject suggests a considerable inappropriate use of certain specialized facilities. Referrals are made without careful diagnostic appraisal and before the family is motivated to make real use of them. Considerable work with the family by the referring service must precede a rewarding investment on the part of a specialized agency. We found this to be true in our use of the child guidance clinic. They report that treatment has been of greater benefit to children where we had prepared parents to want to use this facility before referral.

In some areas we have made substantial improvement in the processes of working together. For example, the better communication developed between the schools and project workers has had a beneficial effect on the general relationship between schools, visiting teachers, and social agencies. These gains have come about more or less as by-products of our case activity. They need to be analyzed and defined in terms of specific collaborative methods in order to have a real impact on community

planning. We have not yet done as well with health and recreation agencies.

THE COMMUNITY SCENE

On the broader scene, we have tried to develop a climate of receptiveness throughout the community to the findings of the Family-centered Project. A considerable investment has been made in outside meetings—with school principals, teachers, police, PTA groups, co-ordinating councils, business and professional clubs, professional social work groups—to mention a few. We participated in a series of neighborhood forums which described to the lay public several current community projects. Workers and supervisors have been used very effectively in many of those meetings. These general indoctrinations have brought about a growing confidence in the project's actual operation. There is now more optimism about what a treatment investment in socially deprived families will produce. This replaced a general feeling of hopelessness and is an essential step to real conviction about serving these families.

An important area of activity on the broader community scene has been the reporting of irritants and gaps in our community facilities. Since the project has been in operation, workers have reported thirty-nine separate and serious problems in areas such as health, public housing, public assistance, schools, law enforcement, and recreation. To mention only a few, we found that wives separated from their husbands are held responsible for collecting support money from the husbands. Youngsters of marginal ability were receiving little adequate training for future employment.

Many of these problems have been reported to agency administrators, the co-ordinating councils, and the Family-centered Committee. Various suggestions for changes in structure and function of agencies as they relate to such problems have been made. A few minor ones have been implemented. Social action is always difficult at

best and will require more sustained attention than we have been able to give so far.

A RECENT SAMPLE

Casework with 140 families has continued since July 1954. In this time we have developed some adaptations of casework that have been useful in working with multi-problem and resistant families; we shall report on them in the future. In January of this year we completed a study of movement in a sample of 50 families from the case load, which showed that substantial change has taken place. The findings showed that 58 percent of the sample families had made moderate or marked improvement in seven areas of social functioning, 30 percent showed slight improvement, 8 percent no improvement, and 4 percent negative change. This study also will be reported in detail at a later date. Of particular interest to this paper is the finding that 64 percent of these families showed positive change in attitudes toward and use of community resources. This is some indication of the effectiveness of the family-centered worker as a bridge between the family and the agencies and institutions in the community. These families, by reason of past adverse experience, were hostile toward and distrustful of all authority; but as they have come to accept and trust the worker, they have been able to relate with more confidence to schools, health facilities, and the like. On the other side of the bridge, effective work has been done in preparing resources to give the families a more comfortable reception.

PROJECT EXTENDED

The operation of the Family-centered Project has been extended for three additional years, until July 1, 1959, with increased financial support from the Hill Family Foundation.

The five participating agencies have extended, and in some instances increased, their very considerable investment in this undertaking. Under this expansion family-centered treatment will be provided for an

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estimated 350 families. The probation office, school social workers, and the Public Assistance Division of the County Welfare Board are joining the project. This is in line with our belief that many of these families come first to the attention of the specialized agency and that the more sensitive the specialized agency is to the total family situation the more helpful it can be in detecting multiproblem families and bringing to their assistance the resources of the community through a family-centered diagnosis and treatment program.³

This expansion is also in line with our belief that the greater the involvement by participating agencies in the project, the

sounder will be the final decision about where the ongoing responsibility for family-centered diagnosis and treatment should be lodged, and the greater the opportunity for achieving an optimum working relationship between the agencies in the community.

We realize that the objectives which we have set for the next three years will be difficult to achieve and that at times the complexities presented by structure, tradition, and practice may seem insurmountable. We feel that more knowledge is needed on concepts and methods before we can contribute to the field the kind of source data which would be helpful to it. While we have had some success with measurement of change in social functioning among our first group of families, we are aware of imperfections and of the need for a body of criteria which will give greater substantiality to our findings. We are only on the threshold in the development of a pattern of health and welfare services which would assure a maximum utilization of our treatment resources.

This, then, is the story of a community's search for some better plan of treatment for our troubled families of today and those who will come tomorrow. We have made a small beginning. The search will go on.

³ An appraisal of previous experience, including a comprehensive evaluation made by Herschel Alt, Executive Director of the Jewish Board of Guardians, New York City, indicated to the Hill Family Foundation and to local agencies that the project had a wider potential utility than was evident when the first grant was made.

Detailed plans for the development of material in casework, research, and community organization were prepared in the fall and winter of 1955-56, scrutinized by all operating groups, and submitted to the foundation. In March 1956, the foundation approved the request for additional funds which will permit the enlargement of the working base and program of the project.

BY ROSALIND M. SANDS

Method of Group Therapy for Parents

ONE OF THE tasks that confronts a child guidance clinic is to make a positive contribution to the total family, to effect changes in the emotional climate of the home that will make for more satisfying experiences for the child and his parents. In this task a clinic is often confronted with great difficulties—parental resistance to involvement in a treatment plan, outright rejection of treatment, or superficial participation when the need for more intensive help is indicated by the family study.

At the Council Child Development Center¹ we studied this problem, attempted to understand the nature of some of these resistances to treatment, and explored how parents with such resistances could be brought closer to therapy. This paper describes a method of group treatment that was evolved and utilized to meet these responsibilities.

DEVELOPMENT OF THE GROUP PROGRAM

With the necessity of understanding family interrelationships in the treatment of children, and with the goal of modifying the familial environment for the child, the center, from its beginnings several years ago, made available to both parents facilities for treatment. However, in certain areas of family life and living experience, we often found such emotional blindness and unawareness of problems, with projec-

tion of responsibility for difficulties on to husband, wife, and child, that treatment was resisted or outrightly rejected.

From diagnostic studies of our families we knew that emotional problems existed and that there was the need for change. Many of the parents were inaccessible to individual treatment. We were faced, therefore, not with the choice of individual versus group treatment but with the necessity of exploring how such parents could be drawn into therapy.

We found that parents could be brought together on the basis of their common situation, that is, they were mothers or fathers of children with problems. While they could not see their own limitations and failures, they could accept coming together in a group in order to learn how to understand better their children and their relationships with their children. Thus we formed groups of fathers and groups of mothers.

In screening for the groups, we eliminated those patients who were psychotic and those who showed evidence of such pathology that they would be disturbing to the group or the group to them. We were left with patients with characterological disorders and symptom neuroses who, for the most part, had little awareness of their own problems. Their life experiences and problems had not motivated them to seek help on the basis of their own disturbances. Their defensive mechanisms had obscured for them their own contribution to the dissatisfactions of their life situa-

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¹ The center includes in its program a nursery school for children from two to six who manifest disturbance in their emotional development, and offers treatment facilities for these children and their parents.

Method of Group Therapy

tions and had cloaked their own part in what had happened to them. Their familial and social relationships were impaired.

In addition to the limitations of our selection of individuals with the difficulties and resistances already described, we had the limitation of weekly treatment. We had the task of evolving a therapeutic group in spite of these obstacles as well as the task of working out a method of treatment that would fit the conditions discussed above.

METHOD OF TREATMENT

We learned in the initial stages of group formation that certain conditions of group life permitted our patients to continue in the group, even with the tenuous motivation that had originally brought them to this participation. The focus of attention was not only on them, as it would be in a one-to-one relationship. They derived support from the knowledge that they alone did not have problems and were not so different from others. They appeared to need the example of others in order to know what to express, how to bring out thoughts and feelings, how to use themselves in a treatment situation.

But as our experience deepened, we were faced with particular problems. We found that there was limited ability on the part of our patients to bring out fantasies and repressed or preconscious material, and that the sharp transference phenomena evident in other treatment situations were not manifested.² All of these were present, but not to the extent that they could be employed to work through basic personality conflicts. In addition, we found that some patients had strong inhibition to overt or verbal participation.

These problems gave rise to certain fun-

² Morton M. Golden, "Some Mechanisms of Analytic Group Psychotherapy," *International Journal of Group Psychotherapy* (July 1953). Dr. Golden writes, "The identification of members of the group with one another lessens and reduces the intensity of the transference phenomena, and prevents the development of a classical 'transference neurosis' which is the basic tool of psychoanalysis."

damental questions. If we did not have sufficiently available such material from our patients, such transference phenomena, to what degree could we produce change? What could we utilize? With what could we work?

We directed our treatment plan to the characterological problems presented by our patients, not to the resolution of specific symptoms. We established as our aim the modification of defenses to change attitudes and to free ego functions for more constructive experience. While we were aware of our patient's unconscious conflicts, the group material was oriented to ego reactions, to social reactions, to what could be consciously experienced and expressed, and to the individual's adaptive mechanisms.

Further, we recognized that we needed to employ as fully as possible those particular experiences that are available in groups. These are the phenomena which Ackerman terms "those specific aspects of self which become selectively involved in the group interaction and the associated conflict patterns."³ These "specific aspects of self" were utilized in order to make patients aware of the group interaction; we were then able to focus our treatment on helping them become aware of their own problems. We stressed, as a basic function of the group, interaction between group members, and this was nurtured and fostered by the therapist. Patients were helped to express feelings, to bring out associations, in the living situation of the group.

When patients were repeatedly faced in the group with their character traits ("specific aspects of self"), when they were constantly confronted with the ways in which they were reacting and these were tied to their attitudes in the world outside, we found that they were able to look upon their traits with more insight. The therapist highlighted or interpreted particular material or specific remarks whenever nec-

³ Nathan W. Ackerman, "Psychoanalysis and Group Therapy," *International Journal of Group Psychotherapy* (April 1954).

essary, with the consistent aim of fostering understanding of the patients' current life circumstances, as produced by their behavior and characteristic ways of reacting.

As our patients compared their reactions with others, as they recognized their feelings of discouragement, disappointment, and failure, their fear of criticism, their hunger for approval, their isolation from others, as they became aware that others did not respond as they desired, they came to experience certain character traits as problems of which they must rid themselves. They began to understand these problems not in terms of self-pity or blame of others, but as part of their own responses and demands. They began to discern that certain attitudes and behavior belonged to the past, and that they were still responding in accordance with old realities.

Throughout our treatment, in every stage of the patient's struggle to recognize his problem and to understand it, we utilized ego functions, judgment, perception, and intelligence to help him modify his defenses, cut through distortions, and enable him to perceive what was real. The total group, as it developed, set up images, values, criteria for more positive ways of living and family life. The therapist utilized her role to reinforce and to strengthen the patients' understanding of their children, their husbands or wives, and themselves. There were thus several interrelated group processes: the patient's recognition that he had problems which interfered with gratifications and satisfactions, the freer employment of his ego functions as attitudes and behavior were modified, and the evolution of a frame of reference for more mature family living.

The method of treatment that has been discussed and its techniques can perhaps most clearly be delineated in studying the experience of a patient in one of the groups for whom this method was employed. The group, this patient's history, his behavior and productions in the group, the changes and modifications in attitudes and behavior

as he progressed are translations of our methodology into the living situation of the group.

HISTORY OF THE GROUP

The group with which this paper is particularly concerned consisted of seven men, fathers of children in the center. The average age was about 38 years. Some were professionals and some were skilled technical workers; their incomes were in the low and low-middle brackets. All of them came to the center because of problems with their children, with little or no insight into their own roles in their families and their own problems. With the exception of one father who had had limited psychiatric treatment of short duration, none had any previous therapeutic experience.

They came together initially not on the basis of their own problems but as a group of fathers. In terms of actual diagnosis, they could be looked upon as a group of patients with character disorders, exhibiting to varying degree very rigid and strong defenses of projection, rationalization, withdrawal, and isolation.

None of these fathers had been able to make a relationship with an individual therapist. Resistance was marked, taking the form of projection onto the wife, resentment to the center, or isolation, *i.e.*, willingness to continue contact only if the wife and child were to be involved. Treatment in the form of a group served immediately to bind them together in a structure that at least had the possibilities for therapy. Threatened by a one-to-one relationship, in the group they found mutual support in a community in which all had problems with their children.

The group had been in existence for two years prior to the time when the writer became its therapist. During this period the group had two different therapists who used different techniques, and little progress was made. What was singularly lacking was the production of affect. The first therapist had not sufficiently developed the group

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interaction, and there was constant interchange and interpretation between the therapist and an individual patient, a kind of individual treatment within a group setting in which the group acted as a Greek chorus for the *dramatis personae*. Some members were not involved except in this peripheral kind of participation. There was also a great deal of intellectualization as members picked up and paraphrased the therapist's interpretations.

The second therapist, seeking to mobilize aggression, made a frontal attack on defenses, confronting the group with its passivity and ineffectiveness. This attack did not free the affect, but on the contrary mobilized defenses; there was more intellectualization, more rationalization, greater resistance, and more fear of exposure. The group began to meet socially, and members did not discuss their social experiences in the group, thus diluting the therapeutic atmosphere. They evolved a "gentlemen's agreement," "You leave me alone and I'll leave you alone."

Note is made particularly of the group's history and the techniques used in its earlier period because we began to make progress only after we began to understand that we had to evolve a special approach for characterological difficulties. Abrams, the patient whose experience will be presented in detail, was a member of the group from its initial formation.

ABRAMS' HISTORY

Abrams is 42 years old. He is a photographic technician who owns his own business. He is short, rather stocky, his head a little thrust forward. His manner in the beginning was pugnacious; he scowled a great deal with forehead deeply furrowed, his voice was loud, sometimes bellowing. His clothes were often flashy. He met the world aggressively and suspiciously; most often he looked as if he were poised to strike a blow. This postural stance, this voice were symbolic of his aggressive, suspicious attitude.

In all the long center study of the family and the child, he had only one contact with an individual therapist; he was belligerent and resistant to being involved. He held stubbornly to his narcissistic behavior, stating flatly that he would continue to read at the table during meals in spite of his wife's complaints, that he would read whenever he liked, do whatever he wished. He projected the difficulties in his marriage and with his child onto his wife, refusing to discuss himself or any need for change on his part.

Only in the group did he reveal his early history, and this during the last two years of treatment, the period covered by this paper. He was the older of two brothers. He described his mother as overbearing and strident, his father weak and inefficient. He recalled an atmosphere of continual quarreling between the parents, his mother yelling and his father meekly listening. At 12 he "asserted" himself to his mother, would not be cowed by her, and defended his younger brother. In the group he liked the role of protector and "father," particularly in relation to one patient who was much quieter and less able to express himself. To Abrams his mother was a man-eater who tortured his father and never gave him a moment of pleasure or satisfaction.

At the age of 34 he met his present wife who is four years older than he. She was then separated from her first husband. They lived together for several years before she finally obtained a divorce. Their relationship was tumultuous, raucous, frantic; she had several abortions, they quarreled constantly, there were numerous separations. He continually accused her of infidelity, was suspicious of all her actions. He claimed that their sex relationship was very satisfactory and this no doubt was a tie that kept them together. He said he tried many times to keep away from her, but she always drew him back. He further claimed that when he tried to make a final break, she told him she was pregnant and

forced him into marriage. He rejected fatherhood, hated the thought of a child. But as soon as the child was born his feelings changed, he found himself attached, and then said that only for the sake of the child did he continue his marriage. This, however, was a rationalization. It concealed his deep wish to be loved, and while he berated his wife, he longed for her love.

ABRAMS IN THE GROUP

Abrams came to the group proclaiming his hostility against all women; his cry to the men was "Make them (women) give us back our lost five years." This referred to women's life span being longer than men's. He attributed this to women's selfishness, domination, and their easy lot as compared to that of men, and he flaunted this banner like the general of an avenging army.

Abrams' general behavior in the group was characterized by his explosive manner; he was loud, argumentative, shouted others down. He was, however, the "spark" of the group, being able to express himself more easily than the others who, by comparison, were often silent, reticent, more prone to intellectualizations and superficial remarks. Although conscious that he often "blew up" at people outside, that this was a growing problem, Abrams did not in the beginning "blow up" in the group. In alliance with three other patients whom he termed "brothers," he set up within the therapy group a subgroup, concealing his true feelings for his "brothers" and for the other patients. He was not aware of his aggression in the group, and he was only dimly conscious of the quality of his interaction with the others. His defense of projection helped to conceal from his consciousness his behavior patterns, and if permitted to continue Abrams would go on blaming his mother, his wife, women, and his business associates for his difficulties. When he began to have some insight, when he began to understand that a group is a world in which the members seek to understand themselves in relation to each other, that

each has meaning for the other, he could anticipate a change in group atmosphere only in terms of attack—"We'll soon be fighting tooth and nail."

As the members of the group began to move away from generalizations and to talk about their children and their wives, Abrams revealed that he continually fought his wife and held on to his unsocial behavior because, if he did not do this, he would be completely dominated, *i.e.*, destroyed. He experienced his wife's complaints only as deep attacks on himself. With increasing freedom the group told him that he behaved like a child with tantrums, yelling, and screaming to get what he wanted. This was the group's first attempt to show Abrams his attitude and mode of operation. He could not accept this until he experienced his aggression in the group, and again and again he rallied the group to "stand up" to their wives or submit to eternal dominance. However, when another patient described his immature efforts to "assert" himself with his wife, Abrams was able to see the irrationality of the other's behavior and to wonder if he himself was infantile.

Following this, when one member attacked another, the group began to explore how they handle their aggression. Abrams was then able to bring out that he was quick to anger, reacting out of proportion to the precipitating incident. He began now to bring out anger more freely to Brown, but held back the full impact of his feelings. Abrams considered himself the "leader" of the group, and when Brown said he looked on Enright as the "father," Abrams struggled to maintain his position, finally telling the group that he was the leader because he was the only one who fought his wife. The group countered this by acknowledging that Abrams had real leadership qualities, but sharply berated him, telling him that "telling your wife to go to hell doesn't make you a big man." Abrams was thus suddenly confronted with an image of himself that he had never be-

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fore seen, and he revealed his underlying fear that if you do not face the world aggressively you will be destroyed.

In the next sessions, the group was able to explore their self-images and the way they would want others to experience them and react to them. They carried this further when they brought into the group their observations of a social situation, describing how Abrams had a violent argument with a woman guest at a party. Thus confronted by the group's censure, Abrams could finally say, "What a picture—I go around fighting, battling, arguing." He still held fast to his fantasy of the destroying woman, but was able to tell the group that there was one woman he could trust—the therapist. The group, more aware now of his aggression and his projection, for the first time questioned whether his attitude toward women did not distort for him the reality of his relationship with his wife.

Although Abrams continued to project responsibility for their marital disturbance onto his wife, and had in the past indicted wives when members discussed their problems, there now came a change. When Dugan, another member, described his marriage, Abrams questioned Dugan's share of the problem. The group was "amazed." And when Cohen totally blamed his wife, Abrams said in the past he would have said "another husband a sucker," but now he saw that Cohen had a part to play and he "regretted" the "clear-cut" reaction he once had when he could only sympathize with Cohen and berate Cohen's wife. To the group he said, "We all have a list of complaints, but the real difficulty stems from our feelings in ourselves." And for the first time he revealed his own wish to be loved and his continual need for "proof of love" because of his own insecurity.

When the fathers questioned Abrams' changed image of the interrelationship in a marriage, asking if he meant that a well-adjusted person would never be disturbed by anything, Abrams replied that a well-adjusted person reacts only to the reality

of the situation. He said that he saw in Dugan's relationship to his wife what he himself does, not talking, not coming home, not wanting to come home, and immature, childish behavior, and continual fighting back. He indicated that he was beginning to see the unreality of his demands when he told the group that they look for their mothers in their wives, and that "this arouses conflicts. When we recognize this need we don't like it. We feel a sense of inadequacy."

At this point in the history of the group, there was introduced the possibility of a new member. Abrams, who had been fearful and suspicious of strangers "who threaten your security" and had been entrenched in his clique with his "three brothers," was able to say that he wanted the new person, himself examining the irrationality of his previous behavior. Tangentially he revealed his earlier fears of the others when he said, "Now no one here represents a danger to me."

Steadily and consistently the group made Abrams aware of his loudness, his violent approach to others, his eruptive behavior, his issuing of ultimatums. While he had expressed anger, especially to Brown, the ego defense of aggression had not yet been fully exposed and Abrams had not experienced "blowing up" in the group. This finally came to pass and was a turning point for Abrams in his progress.

THE TURNING POINT

This occurred when Brown told him that his clothes were now more presentable, not so flashy, that last year his clothes were hideous. Brown also said, and he was joined by others, that it was difficult for him to talk to Abrams because of Abrams' scowl; Abrams indicated he was aware that people approached him "warily." The group noted that Abrams was more aggressive to Brown than to any of the other members. Abrams then angrily brought out that Brown had attacked him in the group, had criticized his dress. The group

pointed out that only Abrams had experienced this as an attack. Abrams, becoming more and more angry, said he had not replied to Brown at first because Brown was "not a match" for him, finally bursting out that Brown was not good enough to have an argument with him. The group was shocked by the intensity of Abrams' anger and the suddenness of his attack; it was sharply critical of his "brutality." Abrams continued to depreciate Brown, bringing out that he had experienced Brown's silences in the group as hostility, and the group pointed out that although they too reacted to Brown's silences, only Abrams experienced them with such strong personal feelings. The group also showed Abrams that his reaction was out of proportion to the precipitating incident with Brown, and finally told him that this was his problem, his explosive behavior. Abrams was able to say that he reacted this way to his mother and to people whom he didn't like, "who get in my way, who oppose what I want to do."

Abrams' defense of aggression was thus exposed in the group. He demanded that others react to him only as he wished, that they neither criticize nor oppose because his self-image could not tolerate criticism. He could experience Brown's silences with no understanding of Brown's tremendous emotional blocks which led to the inability to verbalize, and could assimilate Brown's behavior solely as an attack upon himself to which he reacted with fury, not alone becoming angry but actually seeking to demolish Brown. In the heated blindness of his anger, his narcissism was such that he could only experience how he had been wronged, but the group's shock and censure exposed his behavior, and he could see both in the group and outside the patterns of his hostile, suspicious outlook. When he talked of his son, the group told him that he "scared the child to death" with his anger, and when he talked of his outbursts over his wife's handling of the child, the group showed him his immature demand

that she must follow blindly whatever discipline and standard he imposed.

As the group further explored the episode between Brown and Abrams, Abrams began to understand Brown's inability to talk and the emotional problems from which this arose. He associated that at home he reacted to his wife's silences as he did to Brown's. Dimly he became aware that his aggression sprang from his own feeling of depreciation, that this was his own inner problem, and he told another father in the group that self-adequacy was not related to money or to the kind of work one did. The group told him that when anyone opposed him, his anger arose from his feelings of "deficiency" and pointed to his quick flare-ups with the advertising agency executives from whom he obtained work and whom he considered educationally and socially superior.

There was from this point a change in the character of the "four brothers" clique in the group. Abrams, who had been more free in revealing hostile feelings to Enright, criticizing Enright's handling of his child, now revealed that he could not come close to Enright, that Enright's relationships were on a superficial basis, thus helping Enright to understand that he had set up barriers between himself and others. The "gentlemen's agreement," the protectiveness which took the form of resistance to revealing themselves, was thus gradually abrogated and inevitably led to a deepening of the group's material and productions.

ABRAMS' MARITAL DIFFICULTIES

Shortly after the incident with Brown, Abrams began to talk about his marital problems, and again the defense of aggression was exposed. But this time the group went a step further and showed Abrams his wish for love and his fear that love would be denied to him.

Abrams began the discussion of his marital difficulty by describing angrily how his wife was always on the telephone talking with her large family, that he had asked

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her to be off the telephone at six o'clock in the evening so that he could call her from his office if he needed to give her a message, but she never made herself free for his calls. He brought out his resentment that his wife's "devotion" to her family was greater than her "loyalty" to him. He revealed his jealousy of his wife's first husband, his fear that his wife would leave him, at the same time describing how he told her to "go to hell" and leave him, that he did this in "self-defense." He poured out vituperation, anger, censure, beratement of his wife, reaching a peak when he described how she called him "greedy." The group showed him how he could not understand at all his part in the marriage, his part in the way his wife reacted, that he could only "retaliate like a kid running away from home."

Over and over again, as Abrams described the "injustices" of his wife, the group examined the reality, telling Abrams that there were other ways of looking at the problem than his way, that he constantly had to prove that he was "right" and his wife "wrong," that in the group too he always sought to establish that he was "right." Exploring Abrams' anger, the group brought out that when his wife opposed him he would fight. The group told him that even his tone of voice was antagonistic, that he demanded love as his "right," but questioned what he did to make his wife love him. If she opposed him, he was threatened and attacked her, yet underneath was the wish to love and be loved, and the fear to show that he wanted love. Abrams revealed his tremendous insecurity, "Criticism triggers me, I get blinded." During this discussion in the group, Abrams interrupted, shouted, pressed his points, told the group again that he was "right" and they were "wrong," and again the group showed him that this was the way he reacted at home.

Abrams fought the group here like a wounded tiger, but the group held fast, seeking to understand his behavior and his

defense. Abrams was threatened by the group's criticism, but the group gave him support, pointing out his changed relationship with the present therapist, his ability to accept help from her, and urging him to carry into his relationship with his wife what he had learned and experienced in the group. When Abrams said the job of making his wife love him was "beyond him," the group told him that he was lovable and could be loved.

Abrams finally was able to understand that all the problems in their marriage were not his wife's "fault," was able to tell the group that he had a different awareness of what happened in his home and that this was a "tremendous step" for him. Again, the others pointed to the change in him in the group, his hostility to the therapist in the beginning, his growing trust in her and security with her, his ability to experience the therapist's interpretations without anger or rancor, his understanding that there must be change in him if others were to experience him differently. After these sessions, Abrams sought for the first time the individual help of the therapist to talk of his jealousy of his wife, to tell how he wanted his wife's love, and to reveal his feelings of insecurity in his relationship with her.

Abrams is now at the point where his aggression and projection are modified, and he can look to his own reactions, his own behavior, with the wish to change. He is examining his own feelings of inadequacy, attempting to understand their source in his life history, and he is struggling with an awareness of conflicts within himself that he never knew existed.

CONCLUSIONS

In our work with groups, we attempted to help people with characterological problems, thus directing ourselves to one of the most difficult tasks in therapy. We did not seek for cure; we sought for improvement. We sought for adaptations and modifications of behavior that would make for more satisfying life experiences for patients who

had not come to us for treatment for themselves, and who had little or no awareness of their own emotional problems.

We endeavored, throughout our experiences with our groups, to understand both theoretically and from the point of view of method why changes occurred. We studied certain characteristics of group life, and we utilized them for techniques to foster the changes which were our goals.

First, the group interaction, which we stressed, offered opportunity for patients with characterological problems, whose orientation to life was colored by over-all feelings of inadequacy, weakness, fear of others, and narcissistic self-protection, to identify at different stages of treatment with a number of individuals. This fragmentation of identification, a result of the interaction, was very valuable in working with individuals in whom the capacity for object relationship was limited by the very strong defenses.

Second, we utilized to the fullest extent the multiple transference phenomena available in a group. Thus, while these were not available to the same measure and degree as in intensive individual therapy, still the interaction gave rise to the particular transference reactions which take place so effectively in a group. For example, a patient could experience the therapist as mother and another patient as a brother. Or another time he could experience the group as a family in which he was the outsider, and struggle to work through his becoming part of the family. He could experience the group as the social situation in which he was always "left out," and work to understand his part in this exclusion.

Third, the therapist was very flexible in her handling of the group. There were periods when the therapist had to be very active, especially in the beginning when many of our patients could participate very little and needed encouragement to express

themselves at all. There were times when the therapist had to give educational guidance; there were sessions in which the therapist had to find the "thread" and help the group to rally to the material.

Fourth, our method of working with the defenses, orienting ourselves to our patients' characteristic behavior in defending themselves against insight, helped them to express their feelings, fantasies, and reactions to each other so that resistances were "softened," and defensive attitudes and mechanisms were brought into ever clearer awareness. This was particularly important for patients with the strong defenses and characterological make-up we have described.

Many writers have drawn attention to the special value of group psychotherapy for patients with characterological problems. Ackerman notes that "group psychotherapy points its sharpest effect to disturbances in socialization and interpersonal relations."⁴ Geller, evaluating group therapy in a community clinic, states that patients considered "too poor from a prognostic standpoint to be taken on for therapy" showed unexpected movement in groups, particularly those persons "who had strong feelings of inadequacy and few neurotic features, and patients who were rather retiring and related poorly to others."⁵ We believe that the center approach to group therapy, based on our selection of individuals with characterological problems and our orientation to such problems, using the techniques we have evolved and our actual experience with these techniques, sheds light on the dynamics of the change and the improvement in patients with such difficulties as Geller describes.

⁴ *Ibid.*

⁵ Joseph J. Geller, "Group Psychotherapy in a Community Psychiatric Clinic," *International Journal of Group Psychotherapy* (January 1954).

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BY A. ALFRED COHEN

Use of Group Process in an Institution

THIS PAPER WILL describe how, at the New York State Training School for Boys in Warwick, we have been exploring for the past year the broad question: *What have various group processes to offer this training school?* Before going into this question, however, it may be well to describe what the Warwick treatment program had been.

From its opening in 1933, Warwick had used a traditional "clinical" team for diagnosis, treatment, interpretation, consultation, and staff training. But the fact was that our clinical resources were insufficient for the needs of our population. According to the American Psychiatric Association, for every 150 youngsters in residential treatment centers, there should be provided one psychiatrist and one psychologist; and for every 30 children, there should be one psychiatric caseworker. Since most of our state training schools have populations of 300 or more, the basic staff required would be: two psychiatrists, two psychologists, and ten caseworkers. In addition, two casework supervisors should be added. Mention should also be made that some believe 30 children too great a case load for one worker if he is to have consultative contacts with cottage personnel, supervisors, teachers, maintenance workers, farmers, and so on. The clinical personnel at Warwick fell below these standards; we were faced with the problem of trying to find the "best" way to use three social workers and their supervisor, one psychologist and one psychiatrist for a population of 500 boys. No "solution" had made sense for this problem.

In this connection, it is necessary to face the realities of public budgeting. Public institutions caring for larger populations of children have a per capita of \$2,600-\$2,800 at present, without the full complement of professional staff which is indicated above. And, even assuming that funds are available, trained staff are not available to meet these requirements for all our institutions.

Thus it seems that the basic approach of individualization needs to be re-examined. No one will deny that there must be an adequate diagnosis and treatment plan for each child and that many youngsters must be treated on an individual basis or that programs must be provided to meet the specific needs presented. Nor will administrators deny that their job is, indeed, a frustrating one when the tools required are denied them. If they are fortunate, they may have about the number of clinicians which were available in the Warwick program; few will have more clinicians and most administrators will report fewer clinicians.

So, at Warwick, we were continually seeking answers to questions such as: How to do a better job? How to help each youngster more effectively within our structure? How to help each staff member reach more children on a qualitative as well as a quantitative basis? Our inability to find answers for such questions led us to press for a survey by an outside group of experts in the hope that our need for adequate clinical personnel would be made evident. As a result, we were surveyed in 1950, and in 1954 a research project at Warwick became a reality. The professions represented on the survey and the project teams were as follows:

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1950 Survey Team

- 1 Psychiatric co-ordinator
- 2 Psychiatrists
- 2 Psychiatric caseworkers
- 1 Group worker
- 1 Clinical psychologist

1954 Project Team

- 1 Psychologist-co-ordinator
- 1 Psychiatric consultant¹
- 1 Psychiatric caseworker
- 1 Group worker
- 1 Clinical psychologist and group therapist
- 1 Research psychologist

The five skilled people comprising the project (plus two secretaries) brought many disciplines to the training school but the common denominator for the various specialists was an emphasis on group processes. This project has another year to go and its work must be evaluated meticulously before final conclusions are reached. However, as superintendent of the host institution, I have personal impressions regarding the value of various group processes which may be of immediate interest to other institutions. These impressions come from two years of exploration with the project staff.

Although we expected the focus to be on ways of improving clinical treatment for boys, we soon discovered that the project group was emphasizing the need for an improved treatment situation. We accepted various members of the project staff as consultants on existing administrative teams and we accepted recommendations for restructuring these teams. As a result, I am able to discuss the contribution of various group processes to the various problems in the areas of administration, treatment, staff development, and classification.

ADMINISTRATION

When the project group arrived, its members felt, and we soon agreed, that our only

¹ Position not filled except for occasional consultation for group therapist and caseworker.

administrative body, the Cabinet, comprising department heads and subdepartment supervisors, was too unwieldy and improperly structured to promote interpersonal relationships or full participation. In its place, three separate groups were organized: (1) the Executive Committee, composed of the superintendent and three division heads (assistant superintendent, steward, and director of social service); (2) the Cabinet, composed of division and department heads; and (3) Operations, composed of subdepartment supervisors. The function of each group was carefully defined by the groups themselves with the assistance of consultants from the project.

The project consultants also served to introduce principles of group discussion. Their job was to observe both content and process of administrative discussions, to note the interactions of all members, and to insist that the groups follow established principles of problem-solving. The consultants' conferences with the chairman of each group before and after each session helped promote more meaningful sessions and gave the chairman a better understanding of the group forces at play. The consultant's objective is to help each group achieve its goal and to help each member of the group develop his potential as a participating, co-operating member of the administrative team.

The group consultant's job is a difficult one since he must interrupt content for process comments without antagonizing the group; even more difficult is his task of bringing to our attention the ways we behave with one another. Since the use of group process was found so valuable throughout so many administrative levels, we may find it profitable to consider the job of the consultant on group discussion:

1. Problem-solving
 - a. Going from the difficulty to the real problem
 - b. Finding possible solutions
 - c. Selecting the most promising solution

Group Process in an Institution

- d. Applying the solution, evaluating the application, and turning up new difficulties that would lead back to (a). (This is a continuing process, because you never really "solve" a problem.)
2. Improving the quality of discussion
 - a. Better chairmanship
 - b. Better observing and recording
 - c. Better participation
3. Interaction of the group
 - a. Promote relationships (Relationships on one level affect other levels. The higher up the administrative inadvertency occurs, the greater its impact on all levels and the wider its spread.)
4. Introduction of theory and principles of administration

Findings, thus far, indicate improved staff relationships, greater awareness of their own and other department and individual functions, an improved, integrated, co-ordinated effort, better insight into training school philosophy and goals, and a keener appreciation of the need for staff development.

TREATMENT

Since casework services were most limited, immediate attention was given to examining these services. For many years, there was dissatisfaction with the diagnostic formulations, both in terms of content and in terms of workers' time. The traditional team of psychiatrist, psychologist, and caseworker saw every boy and pooled their findings into a diagnostic statement. Skilled project clinicians were added to the clinic team to determine whether staff time could be saved and to see if more meaningful material could be added to the diagnostic statement.

The project group worker, for example, made short thumbnail sketches of each new youngster as he observed him in group settings. He also found that he was able to handle requests and information

of the group, as well as to help the new boys with many of their anxieties about their new situation. Most important, he was able to supply the positives or strengths of each youngster and thus satisfy the needs of cottage parents and other staff who took care of groups of children. The group worker added to the team offers a new dimension to treatment. It helps lift the individual into a group and the group potentials can thus be utilized. It was found that 1-1½ hours spent with a group for diagnostic purposes could save 5 or more hours of a caseworker's time.

Most institutions have periodic committee meetings on children and there is the need to interpret these committee decisions to the children. At Warwick, caseworkers were devoting up to 10 and 12 hours per week to this work. Experimentation was done in communicating these decisions to the youngsters in groups rather than on an individual basis. Could their reactions be properly observed? Could they talk about their plans if they were going home? Could their training school experiences be summarized? Was it best to mix the boys going home with those who were to remain for a longer period? The important findings were as follows:

1. Boys registered more acceptance of committee decisions from the group approach than the individual approach.
2. Boys shared their experiences and did not complain that they were being picked on.
3. Boys seemed to help and support one another.
4. Boys discovered that the training-school machinery operated the same for all boys, that the machinery was impartial, but that exceptions were made for special individual needs.
5. Material came out for program changes for individual boys.
6. From 5-10 hours of caseworkers' time was saved each week.

Administrators of the larger training schools have qualms about the advisability

of using group therapy within the large institutional framework. It was always thought that as youngsters are exposed to therapy, disturbances develop which line staff or other youngsters may not be able to handle or live with. Some of the objectives that led to group therapy sessions at Warwick were: to bring treatment to more children who otherwise would not get professional help because of staff limitations, to determine whether group therapy had a place in the large training school, to determine whether most children could use this treatment, to help train staff in this technique. A clinical psychologist trained in group therapy was provided by the project to explore these objectives.

Although a description of the technical aspects of group therapy is not within the scope of this paper, our findings suggest the need for more and more practice of group therapy in the program of the residential treatment institution. It was found that therapy sessions are not destructive to the general program when the techniques are proper and the total program is not primarily "custodial." The youngsters exposed to group therapy seemed better behaved, more active in program, and more eager to participate in activities. It was most obvious that group therapy promoted improved socialization and group participation. Training school clinicians who had an opportunity to observe and participate in these sessions gained a great deal of insight into group dynamics and a better understanding of the job of those staff who handle groups of children. Many children who could not be reached through individual contacts were helped to accept casework help through their group therapy experiences. Ample demonstration clearly indicates that group therapy has an important place in the large training school.

ORIENTATION

Formerly, newly admitted boys spent two weeks in the Reception Unit. Attitude

studies indicated that boys arrived with many positives concerning their institutional commitment. These positives remained fairly constant during their reception period and very noticeably dropped as soon as they were assigned to the regular program.

In February 1955, an orientation program of six weeks' duration was initiated to delay or reduce this change from the positive to the negative. Carefully selected teachers and supervisors were selected to work with all new boys. Two caseworkers, who had received training in group work methods, were assigned to help these people better understand their youngsters as individuals and as group members, and to help them work together as a team. The results were encouraging and after eight months of observation and evaluation, three cottages each capable of housing 32 boys were added to the orientation program. This is a new development and still requires time before the results can be known.

The orientation program was devised to help diagnosis, help prepare youngsters for their institutional experience, help train staff to promote a team approach, and to put on a demonstration of an activity program that could easily spread to other cottages, work groups, and classrooms.

STAFF DEVELOPMENT

The potentials for securing a team approach are being amply demonstrated through the orientation program. The regular weekly meetings of all personnel in the program, including cottage personnel, boys' supervisors, teachers, caseworkers and group workers (as participants and consultants), and the Administrative Orientation Committee (assistant superintendent, responsible for program resources, and director of social services, responsible for treatment resources) help staff to get together and work together with each contributing in terms of his own experiences. In the team setting, they are better able to

get at the problems and they are now talking of strengths rather than of weaknesses. Thus a more complete picture of each boy is had and the total boy is now being seen. It is possible now for the staff to see how each boy is developing in different settings. Staff improvement has been marked.

CLASSIFICATION

Group structure has always concerned institutional personnel. What kind of youngsters ought to live together, study together, work together, and play together for maximum benefit to each individual in the group? Although many answers are still unknown, youngsters who do not deviate too much from the group norm as to size, height, weight, maturity, achievement, intelligence, and so on, seem to have a better chance for meaningful group experiences and living. These factors are fairly easily measured with minimum professional help. Personality descriptions are most important in group placement but need not detract materially from making group assignments adequately. The important fact is to promote an awareness of the need for classification for effective group work.

In the education department, for example, the academic situation was looked at as a group process. It was found that many factors did not permit the classroom group to function effectively. Too many groups were not structured properly. Small boys and large boys were in the same room. There was too great a spread in achievement between the boys; groups were unstable (boys going in and boys going out—owing somewhat to intake pressures and releases); there were too many disturbances (teachers' absences, vacations, and boys being seen by clinic or hospital).

Releasing two teachers, as floaters, to permit the class to be held together when a teacher was ill helped to prevent the assign-

ment of boys to other classes, with its inevitable disruptions of these groups. Development of a twelve-month program, with teachers taking vacations throughout the year, prevented the complete yearly disruption of the entire school. Seasonal program planning takes care of summer and holiday activities, without the complete revolution that was former practice. These youngsters require stability and this was another way of helping to meet this need. Findings indicate that more stable groups developed a better teaching situation and lessened behavior problems. Because of better classification, we found that each teacher was better able to handle larger groups. Larger groups at Warwick mean a maximum of 15 boys in each class. In the past, however, some teachers could take care of no more than 8 or 10 in a group.

Warwick has not solved all its problems. A great deal needs to be done in all the areas discussed in this paper. Staff development, group structure, diagnosis, treatment (individual and group), total organizational structure, administration, and countless other facets of the complex organization which we know as the training school require more study, more experimentation, more research. This paper indicates some of the ways in which attention to group processes has been of help to one school. Just in case the reader may feel that there is nothing new reported here—that social workers should be able to use group processes in 1956—it should be emphasized that few institutional workers are permitted to practice what they know. Many skills are untapped because of pressures of work under unreasonably large case loads. It is only through the extra facilities available from a special project staff that our own training school is able to report this beginning toward the direction where all training schools should have been headed long ago.

BY MARY HYLAN KENDREW

How Perceptive Are You As a Case Supervisor?

THERE IS A tendency sometimes for case supervisors to take themselves a little too seriously and to overlook the supervisee's point of view. A good supervisor, of course, is aware of any tendencies on the part of a worker to handle symptoms rather than underlying conflicts, but is she aware that "resistance" and "defensiveness" may be symptomatic of something he cannot express? Frequently a worker knows he is uncomfortable, but not that he is afraid, insecure, or feels inadequate. Then the supervisor's perceptiveness becomes important in getting at the basis of the trouble and making it possible to adapt and gear the supervisory conference and other agency routines to overcoming the difficulty.

On the basis of my experience as a supervisor, I would like to pose some questions and to suggest some answers as a pragmatic test for such "perceptiveness"—although obviously, as we all know, there are no "right" or "wrong" answers, only basic principles of good supervision. In the last analysis, each supervisor must solve the dilemma for herself—whether it would be more helpful to absorb a worker's agitations or whether, by "confronting" them, to help end them.

QUESTION. *Are you aware that a worker is uncomfortable during a supervisory conference? Does his discomfort make you feel uncomfortable?*

ANSWER. One of the simplest ways for a supervisor to discover whether the worker is uncomfortable during a supervisory conference is to observe how she herself is feeling. If she is uncomfortable, it is quite

certain that the worker, too, is uncomfortable. If she is feeling all right herself, it is still possible for the worker to be uncomfortable and she should be able to perceive it in some measure. Little can be accomplished if the worker is uncomfortable most of the time, conference after conference. Being uncomfortable on first walking into a conference stems from something different than becoming uncomfortable after being in the conference for a while. It is to be expected that a worker (or student) meeting with a supervisor for the first time, or the first few times, will be uncomfortable. If it goes on and on, however, it is time for the supervisor (not the worker or the student) to ask herself why. She may have to exert a good deal of perceptiveness in a great many areas, but she ought to keep working at it.

It is helpful to notice what happens to the door when the worker comes in for his conference. Does it stay open or does the supervisor ask the worker to close it? Nothing very dreadful can happen to a worker while the door is still open!

The more comfortable a worker becomes, the more he is apt to find himself talking to his superior about the vague feelings and nameless states of mind that interfere with being able to produce processed recording or what not. At this point the supervisor can stop trying to ferret out the causes of his difficulty, and just sit back and listen.

QUESTION. *Are you aware of a worker's mood as he moves about the agency?*

ANSWER. Perceptiveness includes such sensitivity. A worker who is happy about his work and enjoys it has a tendency to proclaim it for all to see. Minor failures and momentary disappointments do not

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Perceptiveness in Supervision

etch themselves into the bearing of the worker whose agency relationships are basically satisfying ones. Facial expressions suggestive of depression can be indicative of a need for the supervisor to evaluate carefully the quality of the supervisory relationship and/or methods used. An error that is easily made is to expect that the structure of the conference will carry, and substitute for, lack of adequate relationship. Or, in other words, the one may be confused with the other through lack of realization that the two are quite distinct and serve different purposes. A supervisor will need to evaluate the extent to which she is able to "do what comes naturally," and to what extent, being unable to, she foists responsibility onto structure.

QUESTION. *Do your workers "argue" their points of view with you?*

ANSWER. A worker should feel that he can press his point at considerable length, and that his supervisor can tolerate, or even welcome, "difference." It is a poor compliment to the supervisor if the worker withdraws from discussion only because he feels that the supervisor cannot see his point or is being arbitrary in attitude. It is within the supervisor's province to promote an atmosphere that permits easy discussion of divergent viewpoints. She might even find herself deciding that the worker is "right." Workers have good ideas, many of which can be lost to the agency if they do not feel comfortable enough to produce them.

In addition, a worker and a supervisor can enjoy the conference. The stimulation that results when a worker advances an idea, that results in the supervisor's thinking of a further interpretation, which leads to the worker's recalling a bit of history material, which confirms or refutes the interpretation, is stimulation that is not found readily in the more usual contacts of everyday living.

QUESTION. *To what extent do you overlook an improvement that a worker might make in a letter or report?*

ANSWER. There are limitations to the amount of "negative" that individuals can constructively assimilate. Tolerance differs. It depends upon such factors as the basic security of the worker, the length of time the worker has been with the agency, the relationship of the worker to the agency (student or salaried staff member, etc.), the quality of the relationship between worker and supervisor, and probably upon countless other considerations not readily appreciated. Perceptiveness includes recognition of these factors and an awareness of the amount of substandard work a supervisor has called to the worker's attention, and within what span of time. Supervision that leaves a feeling of being overwhelmed and frustrated is limited in usefulness. Occasions may arise when work that could be improved is best left unimproved. It is hardly realistic to press performance to the point that perfection is substituted for reasonable frailty. Although supervision is rightly held responsible for maintaining standards of performance, seeing that policy is carried out, and so forth, wise supervision will also provide for latitude, recognizing that clients will benefit little if workers are inadvertently metamorphosed into anxiety-ridden practitioners.

QUESTION. *How long is it since you complimented a worker on a piece of good work?*

ANSWER. The expectation of good work can be so great on the part of the agency that it is taken for granted. The result is that laudable work may go unnoticed, whereas an error, oversight, or some minor irregularity, although of rare occurrence, never fails to be brought to the worker's attention. The worker may come to feel that he is the agency's stepchild, a misfit. Too miserable to clear the situation with fellow workers or in other ways to objectify the indictment, he is denied the dubious comfort of discovering that no one else in the agency has been accorded anything but a left-handed citation, either. This is unfortunate from the point of view of

over-all performance. The good work that a worker performs is as much his as the occasional blunder that must be exorcised.

A feeling that the agency knows he can do good work, because it spontaneously recognizes some of his work as being good, can do much to sustain a worker over the dull and uninteresting routine that must of necessity constitute a percentage of his day-by-day job.

QUESTION. *How available are you to your workers?*

ANSWER. As important as structure is in the supervisory process, it can be emphasized to the extent that it is detrimental to relationship. Structure perhaps may be likened to scaffolding, the superstructure if you will, which supports and gives meaning to what is to be built. Used unwisely or restrictively, severity and barrenness can creep into the appearance of the object under construction. Spontaneity and casualness in the worker are assets because they indicate a *lack* of caution lest he say something that will be negatively construed.

It is pleasant for the worker to feel that supervision is available at times other than the structured hour. For him to feel that he cannot intrude beyond the sanctity of the closed door, no matter how great the emergency, is not a helpful feeling. To feel that he may not intrude although the door is open, because the nose is in a journal, is not a comfortable feeling either. The regularly scheduled conference is easier when there has been opportunity to test out and sample the supervisor in little, informal conferences. The worker can afford to risk himself at these times, because frequently he does not see himself coming in at these times for anything important. He finds himself sharing his delight with the way an interview turned out, or he finds himself sharing troublesome little things, which may not be significant to him but are important to his supervisor in understanding his difficulties.

After ease in the relationship with the supervisor is established, the frequency of

the short informal conferences declines sharply. The supervisor then can award herself a big medal for "availability 'beyond the call of duty'" without having to undergo practically any continuing inconvenience.

QUESTION. *Do you postpone handling with a worker a situation that needs handling?*

ANSWER. There is a great deal to be said for taking up promptly with workers situations that need handling. There is an equal amount to be said for not taking up, for the time being, situations involving workers. Here, the gauge is the supervisor's emotional state, and she will find that it pays to cultivate a considerable degree of self-awareness in this area. A lapse of time can do wonders in bringing about better perspective; so much so that she may decide to overlook the whole incident.

In spite of the fact that Anglo-American jurisprudence is based on the assumption that an individual is innocent until proved guilty, many persons in their daily living operate on the contrary assumption—that a complaint is proof positive of guilt. Although due regard will always need to be given to the member of the community, a representative of a fellow agency, a colleague, or other people important to the agency, such regard need not necessarily be given at the worker's expense.

A supervisor who can immediately react to a complaint by feeling within herself, "The worker probably has an explanation of how this happened," approaches the situation with a more constructive orientation. The degree of emotion that she herself adds is considerably reduced, resulting in an atmosphere of greater objectivity for all concerned.

QUESTION. *Has a worker (or student) whom you were supervising ever left the agency or been transferred to another supervisor within the same agency?*

ANSWER. What is the worker to do in those utterly unheard-of situations in which worker and supervisor are unable to get along together? It is the unusual worker

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who is able to say, "There are certain aspects of our relationship that are not helpful to me," and thereby hopes to initiate an objective discussion of problems. Theoretically, weeks of tension have preceded this impasse so that the resulting emotionalism is traumatic for both.

It would be unfortunate for either person to feel that the only solution lies in separation from the agency. Turnover is high in many social agencies, arising, of course, from a variety of causes. The loss in supervisory effort, from a supervisory standpoint, is great, as well as from the standpoint of increasing over-all competence on the part of the agency. Fortunately, if the worker remains in the field, the net result to the profession is not so disheartening. How unfortunate if, when turnover results from misunderstanding, adjustments cannot be made! Perhaps a transfer to another supervisor within the agency would be feasible.

The best solution, probably, would lie in the utilization of such large amounts of perceptiveness on the supervisor's part that trauma is prevented from progressing to the point that it cannot be handled.

QUESTION. *Have you ever put into a written evaluation or letter of reference anything that you would not want the worker to see?*

ANSWER. Written evaluations and letters of reference provide background against which to measure a supervisor's feelings and attitudes toward her workers, as well as to evaluate the quality of the relationship. Even though the worker has participated in an evaluation conference, the greatest number of undiscussed matters have a way of forcing themselves into the written version. Thus, after the typing, a supervisor should ask herself whether she would feel comfortable in having the worker see it in its completed form. Self-revelation of the first magnitude occurs when the supervisor realizes that she has never taken up with the worker certain "weak spots." Self-revelation of the second

magnitude occurs when she realizes that she does not enjoy the prospect of taking them up with him. Improving the relationship seems clearly indicated.

QUESTION. *Is a worker expected to reach definite goals of development in a specified time?*

ANSWER. The expectation that a worker must reach certain goals of proficiency within certain time limits tends to exert pressures which are apt to be passed on to the worker. The sources of pressure may actually lie outside the supervision—with the school in the case of student social workers, with the executive in other cases—but may be transmitted through the supervisor to the worker.

Workers learn at different rates and in different ways. Although the supervisory conference is frequently thought of as being the principal medium through which casework skills develop, the reading of casework journals, other workers' cases, the attending of case presentations, seminars, joint agency conferences, sessions with consultants, and so on, all tend to increase skills, and for some workers may be more meaningful than the usual supervisory conference. All sorts of things can get into a supervisory conference that act as emotional blocks to learning. This may be the reason why the other means are sometimes so much more effective: some of them occur in a more objective atmosphere.

If a comfortable supervisory climate is provided, an interested and intelligent worker is bound to develop. There is no way to stop him.

This is a test without a scoring device, and with no certain guideposts. What is required of the supervisor is great sensitivity and perceptiveness as well as the wisdom to know what to handle and what to overlook. How will she know whether she has made the right decisions? The supervisee is waiting to tell her, if only she will permit herself to hear him.

BY GERTRUDE WILSON

Social Group Work: Trends and Developments

"AMERICAN SOCIAL WORK is part and product of the larger social and cultural setting in which it lives. While it helps shape the larger society, social work reflects more than it determines the nature of the whole. It cannot be understood apart from its social context. And the more we understand its links to society and culture, the better we will see opportunities for affecting the development of welfare services and the profession of social work."¹

An examination of the nature of current theories and practices of a part of the profession of social work necessitates a view of this part against the profession as a whole and the social-culture setting which affects it and which it affects, currently and in the recent past.

SOCIAL WORK AND SOCIAL CHANGE

Social forces affecting large collections of people are recognized by their effect upon

some people, as seen by others, *one* at a time. People in trouble need help. Some observers will be stimulated to help meet the immediate problems. Others will be stimulated to try to stop the causes of the problems. Some will be moved to work in both directions simultaneously. Jane Addams might be classified in the latter category. In the *Atlantic Monthly* of February 1899, under the title of "The Subtle Problems of Charity," she commented that more thought is given to what a man ought to be than of what he is or of what he may become. The following year, Mary Richmond wrote in *Charities* (February 10) that the settlement movement has shown that the personal shortcomings of the poor are not in the great majority of cases, as was formerly believed, the cause of poverty.²

During the first twenty years of this century, while the agencies developing social casework services continued to devote

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¹ Harold L. Wilensky and Charles N. Lebeaux, "Industrialization and Social Welfare," Preliminary Draft, prepared at the request of the U. S. Committee, International Conference of Social Work (New York: Russell Sage Foundation, 1956).

² Florence Sytz, "Social Casework," in *Social Work Year Book 1951* (New York: American Association of Social Workers, 1951).

EDITOR'S NOTE: This article and the three following it were chosen by the Publications Committees of the indicated Sections of NASW in accordance with a policy recommended by the TIAC Planning Committee and approved by the National Board.

Trends in Social Group Work

the larger proportion of their workers' time to working with people on an individual-by-individual basis, there was an increasing participation of other social workers in working "for and with the masses." The personnel of social welfare organizations, both volunteer and staff, continued to reflect sharp differences of opinion between the people who identified with agencies devoted to changing the "social order," and those agencies where the workers were developing "the art of bringing about better social adjustments in the social relationships of *individual* men, women or children." By 1915, the division was sharp, and in a paper at the National Conference of Charities and Corrections, Miss Richmond defended social caseworkers from current criticism when she said that during the year "books had been published by social workers in which the broad statement had been made that community action for the common good is far more important than successful casework." She continued, "Whatever social reform eradicates, abolishes or prevents, the two great facts of human variation and of variable human response to stimuli would seem likely to remain. . . . The champions of casework are the champions of social reform. . . . They have welcomed and still welcome every change that will tend to make health as contagious as disease, that will increase industrial opportunity, dignify leisure, and enrich the mental and social life of man."³

Here Miss Richmond is saying the social caseworkers welcome the results of the work of other social workers, but there is no indication that participation by social caseworkers in the processes of social change, other than on the individual-by-individual basis, was envisioned. Later, Miss Richmond added this dimension to the social caseworker's function when she said, "I've spent the first twenty-five years of my pro-

fessional life in an attempt to get social casework accepted as a valid process in social work. Now I shall spend the rest of my life trying to demonstrate to social caseworkers that there is more to social work than social casework."

As knowledge from the social sciences, psychology, and psychoanalysis became more general among social workers, the concepts and consequently the principles and techniques used by social workers were affected.⁴ Social concepts,⁵ which made possible the analysis of the social processes through which change takes place, brought the importance and significance of small and large groups into prominence. New knowledge about motivations of human behavior not only provided new insights to the problems which individuals experience as *individuals* but made interpretation of interaction of individuals in groups much more meaningful. The gestalt of the concept of "the people" began to change from one of the individual and society (*i.e.*, government) to a network of interlocking groups which constitute society.⁶ With knowledge of the labyrinth of groups through which social change gradually takes place came the recognition that people can be helped to participate in more rapid social change if they learn how to give direction to group activity aimed to achieve their desired result.

People critical of the social reformer's methods of "doing for" other people, but eager to participate in processes of social change which would eliminate the causes of some of the social problems, turned to

⁴ Grace Marcus, "The Status of Social Case Work Today," and Grace Coyle, "Group Work and Social Change," in *Proceedings of the National Conference of Social Work* (Chicago: The University of Chicago Press, 1935).

⁵ Charles H. Cooley, *Social Organization* (New York: Charles Scribner & Son, 1900); and Earle E. Eubank, *The Concepts of Sociology* (New York: D. C. Heath & Company, 1932).

⁶ Mary P. Follette, *The New State* (1920) and *Creative Experience* (1924) (New York: Longmans, Green & Company).

³ Mary Richmond, *The Long View* (New York: Russell Sage Foundation, 1930), pp. 376-377.

the social and psychological scientist for basic knowledge. In such knowledge, guides were sought for further development of principles and techniques for social work practice. Through concerted attention given to the significance of primary groups to society grew, among other organized efforts, the progressive education movement within the educational profession and the idea of a specialization to serve groups within the profession of social work.⁷

PROFESSIONAL IDENTIFICATION

In the beginning, the people who participated in formulating and analyzing concepts, developing principles and devising techniques for carrying them out were identified with the professions of education, social work, and/or applied social and psychological sciences.⁸ They were employed in many different social welfare activities, in organizations with purposes related to specific problems of labor, legislation, housing, minority opportunities, and other problems. They were employed in settlements, workers' education, parent education, adult education, public recreation, and national agencies such as the YM and YWCA, Scouts, and public schools. While professional education for group workers early found a niche in a school of social work, there was a great difference of opinion among those interested in developing methods of working with groups as to the professional identification of its practice. During the second quarter of this century, about half the schools of social

work introduced a curriculum for this specialization. It was not, however, until the establishment of NASW that social group work came to be fully identified as a *social work* specialization within the social work profession as a whole.⁹

Although there have been many differences of opinion as to the professional identification and education of workers for the practice of group work, there has been little disagreement in the literature about its basic assumptions: (1) that a sense of belonging is essential to the happiness of all human beings; (2) that certain life experiences and social situations interfere or deny to many individuals the opportunity to have this sense of well-being; (3) that principles and techniques for helping people to develop a sense of belonging through participation in a group can be developed from concepts drawn from the social and biological sciences,¹⁰ and on the basis of our thinking about our experience in practice; (4) that these concepts, principles, and techniques can be learned by people who have the qualifications for helping others to make the necessary social adjustments to participate creatively in groups; and (5) that the welfare of society is dependent upon the constructive nature of the interacting processes of its many small groups.

CONCEPTUAL FRAMEWORK

The development of a conceptual framework from which principles and techniques of practice are identified, tested, and transmitted to other people is continuous and never-ending. Concepts from political sci-

⁷ Grace L. Coyle, "Social Group Work," *Social Work Year Book 1951 and 1954* (New York: American Association of Social Workers).

Clara A. Kaiser, "Group Work Education in Last Decade," *The Group*, Vol. 15, No. 5 (June 1953).

⁸ Identification of the contributors and their committee in *Decade of Group Work*, Charles E. Hendry, ed. (New York: Association Press, 1948), reveals the wide range of fields from which the participants in the formative years of group work theory and practice were drawn.

⁹ October 1, 1955.

¹⁰ Grace L. Coyle, *Social Process in Organized Groups* (New York: Richard R. Smith Publisher, 1930).

W. I. Newstetter, *An Experiment in the Defining and Measuring of Group*. Western Reserve University, 1938.

Gertrude Wilson and Gladys Ryland, *Social Group Work Practice* (Boston: Houghton Mifflin Company, 1949).

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ence, sociology, economics, anthropology, social psychology, and psychoanalysis are "tried for size" against live situations found in groups being served by imaginative, experimental workers seeking to improve their ways of working with groups. Principles and techniques have been and are being developed both deductively and inductively, and some are borrowed from progressive education teachers, caseworkers, and other "helping" professions. Experimental recording of narrative records was carried on early in order to have some material more objective than memory against which to test the use of the concepts and better understand their meaning as operationalized in principles and techniques. By the time the first course was organized in a school of social work, there was considerable material to be drawn from pioneer workers, especially those in the YWCA, YMCA, settlements, adult education, and workers' education. The first group work students began writing narrative records describing their work with groups. Some agencies soon recognized the contribution of record-writing to the quality of the services provided to groups. These recordings¹¹ of students and workers have provided the most significant substantive material to date upon which current principles of practice are based. Within the last decade, there has been increasing interest in testing the practices which have been established empirically through the techniques of experimental research. Some of the studies of small groups carried on by social psychologists and sociologists¹² have

provided an experimental foundation for the principles and techniques used by the social group workers, but few such studies have been made by social group workers themselves.¹³ These studies also provide new insights into the group process which provide stimulus for modifying old principles and techniques and the development of new ones.

SOCIAL PROCESS

The responsibility of formulating and then operationalizing the concepts helpful to learning how to become an enabler in groups has been carried largely by people identified with programs of leisure-time, educational, and recreational activities. As the group worker became knowledgeable of the significance of the concepts which brought increasing understanding of the social processes which occur in groups, he identified with these ideas and they became to him *group work content* rather than *generic content* for use of anyone who seeks to function more effectively as a member, leader, or enabler. The allocation of the concepts relative to understanding the social processes in group life to group work is illustrated by the fact that very few schools of social work offer this material as generic for all students, but instead require or offer one semester in group work to all students not specializing in it.

Identification of group workers with the use of the social process in all types of groups is further illustrated in the report of the Committee on Function of Social Group Workers of the AAGW issued in 1948:

¹¹ Grace L. Coyle, *Studies in Group Behavior* (New York: Harper & Brothers, 1937).

Clara Kaiser, *The Group Records of Four Clubs*. School of Applied Social Sciences, Western Reserve University, 1930.

Ruth Perkins, *Magic Casements* (1927) and *Program Making and Record Keeping* (1931) (New York: Woman's Press).

¹² See bibliography in Paul Hare, Edgar F. Borgatta, and Robert F. Boles, *Small Groups, Studies in Social Interaction* (New York: Alfred A. Knopf, 1955).

¹³ Juanita Luck, *A Study of Peer Relationships with Children in Their Latency Years*. Ph.D. thesis, University of Minnesota, May 1954.

Helen Northen, *The Effectiveness of Social Group Work in the Development of Qualitative Participation*. Ph.D. dissertation, Bryn Mawr College, June 1953.

Etta H. Saloshin, *Development of an Instrument for the Analysis of the Social Group Work Method in Therapeutic Settings*. Ph.D. dissertation, University of Minnesota, 1954.

Through his participation the group worker aims to affect the group process so that decisions come about as a result of knowledge and a sharing and integration of ideas, experiences, and knowledge rather than as a result of domination from within or without the group. Through experience he aims to produce these relations with other groups and the wider community which contribute to responsible citizenship, mutual understandings between cultural, religious, economic, or social groupings in the community, and a participation in the constant improvement of our society toward democratic goals.

This statement does not identify or describe social group work as a specialization in social work—instead it describes not only the goals of participation of any social worker in groups, but also of any professional or lay person who may work with any type of group. To all of them, understanding as many of the basic concepts and how to operationalize them in their activities are beneficial. It is important, however, to point out that the basic values of the social work profession of respect for human beings and their right of self-determination are violated if enablers to groups are “trained” in use of techniques without understanding the principles and basic concepts from which they are drawn.¹⁴ Such training raises the flood gates for streams of “manipulation” rather than “enabling” people to participate in decision-making processes which safeguard their rights of self-determination.

From many basic concepts upon which principles of effective work with groups is based, ten concepts have been chosen which relate specifically to “group,” each of which lead to other concepts; all of them provide illuminating insights to the intricate processes of interpersonal relations which

occur in groups of people.¹⁵ These concepts help us to see selectively and understand and communicate what goes on in the group process. To this extent, they help us to develop and refine principles and techniques.

CONCEPTS

Some of the concepts from which principles of work with groups are drawn (a concept is an abstract idea of universal significance):

A group is the interaction of a collection of human beings.

All groups are alike and all are different.

All groups have a purpose but not necessarily conscious, which is expressed in the substances of the interaction.

All groups originate either as “psyche” or “socio” groups; the first drawn together for purposes of personal satisfaction, and the second because of an external educational interest or common task.

All groups experience conflict and exercise controls—the equilibrium or homeostasis of the group.

All groups have two kinds of structure: (a) interpersonal relationships seen as the process of acceptance creates isolates, pairs, and triangles; and (b) division of labor through which roles are assigned to “get things done.”

All groups use a decision-making process based on elimination, subjugation, compromise, integration, or combination thereof.

All groups reflect the social status system of the community and create their own in the decision-making processes.

All groups develop morale or *esprit de corps* which distinguishes each from all others.

All groups tend to develop traditions.

These concepts are some of those which are essential to understanding any type of group; they provide a basis from which any person working with a group in any capacity may develop principles and techniques for working with them for any pur-

¹⁴ Genevieve Carter, “The Concept of Measurability of Need for Social Work Services,” in *Group Work and Community Organization, 1953-1954* (New York: Columbia University Press, 1954), p. 73.

¹⁵ See bibliographies in Wilson and Ryland, and in Hare, Borgatta, and Boles, *op. cit.*

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pose, i.e., to control, manipulate, or enable them. When principles and techniques are developed from them for use by social workers, the value system of the social work profession has a determining influence upon the formulation of principles and how the techniques for implementing them are used.

PRINCIPLES

Some social work principles based on these concepts (a principle is the operationalization of a concept translating it into action):
The enabler:

Respects all human beings and their social organizations through respecting their right to manage their own lives.

Accepts each individual and group as unique and the right of each to be different from every other.

Feels *with* the individual and the group without necessarily feeling *like* them.

Adjusts his behavior to his understanding of the behavior of the group.

Accepts and handles negative and positive feelings for the benefit of the group.

Diagnoses where the group is and helps it to move on from there.

Supplies the group, when needed, with factual material and helps the members recognize issues without indicating solutions.

Stimulates the group to consider implication of issues and new horizons.

Supports the group in making and carrying out decisions consonant with individual and social welfare.

Recognizes the structure of interpersonal relations as an influential factor in group decisions.

Helps the group to divide responsibility and involve as many as possible in planning and executing a program.

Respects and uses the structure established by the group for division of labor.

Expects conflict and helps the group to use it constructively.

Accepts his role of authority when necessary without passing judgment.

Understands the social status system

of the community and neighborhood and helps individuals to live with it or to help to change it, when change is necessary to safeguard the right of self-determination and the welfare of the community.

TECHNIQUES

Some techniques (a technique is a specific way a principle is applied). In human relations there are usually many techniques for applying a single principle. Techniques are chosen in light of the purpose of the group and the workers' understanding of the people and the social situation in which they are involved. They are not applied automatically in the practice of social work.
The enabler:

Knows the name of each individual in a group and addresses him according to the accepted way in his culture.

Is able to discuss matters of interest to members' daily life, not just the program or affairs of the group.

Considers the schedule established by the group as important an item on his schedule as any other obligation.

Arrives first in order to observe who comes with whom, who sits with whom, who agrees with whom for purpose of identifying subgroups.

Gives sociometric tests.

Uses buzz sessions to secure more participation in activity.

Uses blackboard (or helps group's leader to use it) as a method of helping groups keep on the subject in a discussion.

Uses visual aids.

Arranges chairs in a circle.

Stimulates new interest by exhibits.

Uses role playing.

This list of techniques could be extended ad infinitum.

Socio-psychological concepts, like all other concepts, are man's abstractions of his observations tested by the scientific method as to their universal significance without reference to the value system of the people or the social situation they

describe. Their significance lies in the leads they provide to the applied scientists or practitioners for the formulating of principles of *how to do something* with people and groups. A member of a professional discipline examines them to find how he can use their meaning in order to give better the service of *his discipline* (which has a value system) to the people whose problems lie within his professional competence.

Each of these few selected principles emanate from one or more of the quoted concepts, but they each carry meaning beyond the concepts themselves because they reflect the value system of social work. As a social work principle, it is not enough to say that the worker, recognizing that a group is interaction, affects its processes. He does this with respect to the rights of the participating members as human beings for self-determination, and with respect for and within the limitations of purpose for which the group is organized. In other words, how he affects interaction comes from the value system of social work, but knowledge of the nature of interaction in any group, as learned from the social scientists, gives direction and concreteness to his activity.

The techniques listed, on the other hand, are not value oriented, and unless they are used in relation to social work principles, they will not provide social work service. The use of techniques without consciousness of their appropriateness to the particular group situation has as much potential of *interference* as of *assistance* to a group in the accomplishment of its objectives. There is no purpose served, for example, in a worker's using a variety of techniques to identify the subgrouping within a group unless he has an understanding of the meaning of the relationships they signify; how they may advance or hinder the progress of the group; and how to help them to maintain their identity and, at the same time, contribute to the progress of the group. So with each technique—it represents the substance of what a worker does.

The kind of help he gives a group, however, is dependent upon his understanding of the principles that guide his choice of techniques.

GENERIC KNOWLEDGE AND SKILLS

Further examination and discussion of these concepts, principles, and techniques would reveal that this list represents knowledge and skills needed by every social worker, whether he works with a group with recreational, educational, or social adjustment purposes, or a group of applicants to become adoptive parents, foster parents, a study committee of a mental hygiene society, the board of an agency, a committee of a neighborhood council, a section of the welfare council, or the welfare council itself. Social workers also need this knowledge and skill to work with nonsocial work groups in the community which seek to lessen the maladjustments in the current social situations. Social change pressured by technology, mobility, threat of war, social cleavages, urbanization, and spatial communication present a challenge to all socially conscious people, but a special challenge to social workers who are daily in personal contact with the consequences of social change. The responsibility of working with community groups in changing the "situational field"¹⁶ is one held by all social workers and is not primarily the responsibility of social group workers.

Observation of social work practice and curriculum content of most schools of social work seems to indicate that there is greater awareness of the *responsibility* of social workers to work in and with groups than of the prerequisite knowledge and skill for fulfilling this responsibility. This is an appropriate time for an examination of the content of courses in group work, similar to the examination of the courses in casework which occurred about twenty years ago when these courses were carrying the

¹⁶ See Leonard S. Cottrell, Jr., "The Analysis of Situational Fields in Social Psychology," *American Sociological Review*, Vol. 7 (1942), pp. 370-382.

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major responsibility for teaching the understanding of individual human behavior. When this content was recognized as generic and developed in separate courses, the teachers of casework were freed to teach the social casework process per se. Recognition of knowledge and understanding of the basic concepts, principles, and techniques of working with groups as generic will likewise free the instructors in social group work to teach the distinctive characteristics of the social group work process.

DISTINCTIONS AND DEFINITIONS

The distinction between social group work practice and work with groups is one which is needed, not just in relation to our professional organization and the curriculum content which supports the profession, but also in the fields in which we practice where we are in daily contact with workers who serve groups, not only as part of social work practice, but who work from an orientation different from that of social work. Such distinctions are postponed for later consideration on the theory that we must first agree on what we do that is distinctive within our own profession before we can undertake the task of identifying similarities to and differences from other professional work with groups. A first step in this direction has been taken by the Group Work Section of the NASW through a questionnaire aimed to disclose evidence of agreement and disagreement around the meaning of social group work as shown in the opinions of the members and in the agency's related policies and procedures as reported by them.

In contrast to the statement of the AAGW on the "Function of the Social Group Worker," many authors of books and articles present social group work as centered upon the growth or adjustmental problems of the members of the groups served with the assumption that group experiences that help members to grow and thus improve their social adjustment are contributions to the welfare of society. The

extent to which the definitions given by the authors listed below are shared by the majority of practitioners is unknown.¹⁷

Whatever the definitive statement of social group work practice may be, if it is to cover an area of professional practice it must designate the nature of the problems for which the service is designed, and describe specifically the principles and techniques applicable to helping people overcome them. Whether these problems are defined in terms of "social adjustment" or "growth" or some other terminology is of less significance than coming to grips with the fact that we work with people who have problems and our services are aimed at helping them to minimize or solve them.¹⁸

The following assumptions are proposed to help clarify and define social group work practice:

1. That understanding the nature of group interaction (the group process) and the dynamics of human behavior is a prerequisite for anyone who successfully fulfills the role of an enabler for a group.

2. That the role and responsibility of an enabler is determined by the primary purpose for which the group is organized.

3. That when a group which is organized to accomplish a predetermined task (such as a class, an agency staff group, an agency board, or a committee of a welfare council), the primary responsibility of the enabler is to help the members to accomplish this task.

¹⁷ For example: Grace Coyle, *Group Work with American Youth* (New York: Harper & Brothers, 1948), pp. 26-31.

Gisela Konopka, *Group Work in the Institution* (New York: Whiteside, Inc., 1954), p. 25.

Alan F. Klein, "Recreation and the Welfare Dollar," *The Group*, Vol. 17, No. 2 (December 1954).

Helen Phillips, *Achievement of Responsible Behavior Through Group Work Process* (Philadelphia: University of Pennsylvania School of Social Work, 1950), p. 2.

Harleigh B. Trecker, *Social Group Work* (New York: Whiteside, Inc., 1948), pp. 8-9.

Social Work Year Book 1954, op. cit.; p. 480.

Wilson and Ryland, op. cit., p. 60.

¹⁸ Klein, op. cit.

4. That the enabler who works with a task-oriented group uses his understanding of the dynamics of human behavior and of the group with consideration of the adjustmental problems of the members, but he does not change the purpose or the content of the group's program for the purpose of helping the members with their individual problems.

5. That when a group is organized for the purpose of providing an opportunity for members to use the group experience for adjustmental purposes (personal growth and change), the first responsibility of the enabler is to diagnose (identify) the unique problems of each member in the group.

6. That the enabler who works with a growth-oriented group carries the primary responsibility of affecting the interaction as expressed in the program content toward the resolution of the problems of the members. The program content is subject to change at any time in accordance with the problems of the members.

7. That the adjustmental problems of members fall within the full continuum from common human problems to those caused by physical, social, emotional, and/or intellectual accidents, illness, or defects.

In other words the distinction may be found in the difference between the nature of the task-oriented group as compared to the growth-oriented group. In the former, the group-enabler's *primary* responsibility is to support the group to accomplish its task; in the latter, the enabler's *primary* responsibility is to help members to use the group experience to resolve problems which are interfering with their personal growth and their social adjustment.

Just as the principles and choice of techniques of working with any group are affected by the value system of social work, they are likewise affected by the more specific purpose of social group work service. Diagnosis is the core of practice. It is not sufficient to be well grounded in under-

standing the dynamics of human behavior.¹⁹ The social group worker serving a "growth-oriented" group understands as much as he can about the specific problems of each member in the group he is serving. This involves a study of each individual to secure as much understanding of the meaning of his manifest behavior as the combination of accessible facts of his life experience and theory can provide. The study is continuous but the use of principles and techniques at a given time is determined by the result of the study at that time. Knowledge and understanding of the problems of the members determine (a) the techniques of using program content,²⁰ (b) the direction of the interacting process between members and between individual members and the worker,²¹ and (c) the extent to which members can be helped to secure a feeling of belonging and acceptance of responsibility toward the group.²²

During the thirty years in which we have been endeavoring to establish a conceptual frame of reference for the practice of social group work, we have been hindered by the

¹⁹ Wilson and Ryland, *op. cit.*, pp. 73-76, Chap. 4.

Henry S. Maas, "Evaluating the Individual Member in the Group," in *Group Work and Community Organization, 1953-1954*, *op. cit.*

²⁰ Paul Gump, "Observational Study of Activities for Disturbed Children," in *Group Work and Community Organization, 1953-1954*, *op. cit.*

Paul Gump, "The 'It' Role in Children's Games," *The Group* (February 1955).

Juanita Luck, "A Study of Peer Relationships," *The Group* (February 1955).

Gladys Ryland in Wilson and Ryland, *op. cit.*, Part II, Chapters 6-10.

²¹ Wilson and Ryland, *op. cit.*, The Fun Club (Children), pp. 352-369; The Glamour Girls (Teen Age), pp. 421-434; Heights Recreation Club (Young Adults), pp. 457-462; The Elite Woman's Club (Adults), pp. 493-514.

Henry Maas, "Personal and Group Factors in Leader's Social Perception," *Journal of Abnormal and Social Psychology*, Vol. 45 (January 1950), pp. 54-63.

²² Wilson and Ryland, *op. cit.*, pp. 63-73; particularly chart, p. 68.

Saloshin, *op. cit.*

Phillips, *op. cit.*

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variety of usage of the words "group work." It has become a *label* for a "catch-all" of functions rather than a term to designate professional service with definite discrete meaning. It is currently used to describe (a) a job classification of workers, (2) a field of work, (3) a classification of agencies, (4) a philosophy or movement, in addition to (5) a method which was the original intent of the words. Attempts have been made by some of us to keep the original use of the term by adding the word *social*, and thereby indicate that social group work is a method used by social workers, professionally educated to use it as a specialized social service in a variety of settings.

It is, of course, self-evident that no sound conceptual frame of reference can be developed to apply to an area of work which covers everything and anything which might be included in the job load of a worker or the variety of occupational skills and techniques needed by agencies to fulfill their purposes. If social group workers are to practice from a commonly accepted conceptual frame of reference, the first step must be the acceptance of the limitation of the term as one descriptive of a specialized *method* of serving people in groups. The term does not describe other group methods which social group workers use in such functions as *administration* and its various work with boards and committees, *supervision* whether it be individual or group, *public relations*, or in work with the variety of groups which are part of the *community organization* responsibilities which every social worker carries. These other functions are no less important, but they are not the practice of social group work but rather of social work, and they take generic social work knowledge and skill which is essential

to a social group worker in the performance of his total job, and they are functions common to all agencies, hospitals, and institutions providing social services.

In a paper presented to the National Conference of Social Work last year in San Francisco, Irving Miller discussed a possible dichotomy between social goals and the process of becoming professionalized. He says, "Inherent in the nature of professionalism is the development of technical skills and technical knowledge, preferably unique and distinguishable from other technical knowledges and skills . . . the demands and processes of professionalization seem at points to be in conflict with our social movement origins and tend toward conservatism and caution."²³

It is important for us to recognize that all of social work has "social movement" origins. All social workers have an inheritance from the past and an obligation to the future to participate in the processes of social change which will "lessen the group tensions between the conflicting parts of society" and which will help to shape a society which purposefully aims to reduce the number of unhappy and maladjusted individuals in it.²⁴ To meet these obligations, we cannot sidestep, avoid, postpone, or leave to others the albeit painful but necessary intellectual task of the scholar, as well as of the practitioner, as we continue to develop the concepts, principles, and techniques of the social work profession and of the social group work specialization in it.

²³ "A Critical Appraisal of Some Aspects of Social Group Work Theory and Practice," in *Group Work and Community Organization, 1955* (New York: Columbia University Press, 1955), pp. 70-71.

²⁴ Grace L. Coyle, *Group Work With American Youth* (New York: Harper & Brothers, 1948), p. 26.

MEDICAL SOCIAL WORK SECTION

BY RUTH MICHAELS

Giving Help to Resisting Patients

IN THE COURSE of providing casework service, we often find that the person looking desperately for help seems to fight equally desperately to defeat it. He may well feel tormented by his dilemma and distressed by his own level of functioning. Yet his efforts to achieve more comfortable and richer living may nevertheless be impeded by his fight against the very help he urgently seeks, the very changes in attitude, feeling, or behavior he longs for.

The need to cling to old solutions, however unsatisfactory, while there are yet no new and tested solutions to replace them, seems inherent in the nature of human conflict. It stems, too, from the nature of the readjustment process, which of necessity disturbs old equilibrium while new equilibrium is yet to be achieved.

Since the medical social worker gives counseling service to patients with the personal difficulties that hamper them in achieving the full benefits of medical care, she necessarily works constantly with problems of resistance. For often the patient is not seeking new adjustments but instead

is seeking to restore the level of functioning which, before his illness, made possible his comfortable patterns of adjustment to himself and to his world. Sometimes he has never achieved a degree of functional capacity which was acceptable to himself. It can then be extremely painful for him to consider, as one patient put it, that "If I work the very hardest I can, for months or for years, I can feed myself, and get to the toilet, and maybe stay in the house alone. But—all that work, and I'll still be a cripple in a wheelchair!"

Even the patient who must shift into more restricted living often has a double problem. In addition to the anxieties inherent in seeking new and often frightening ways of living, he is confronted with a medical program in itself charged with meaning to him. Since the goals of the caseworker are the goals of the doctor and the hospital, she is also invested with the emotional charge attached to the entire medical program. And it is this charge, after all, that mobilizes the patient's anger, sets off his panic, and interferes with his ability to use medical treatment and rehabilitation.

Unfortunately, in medical care, the force of this resistance is likely to bring down upon the patient the disaster that he flees.

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Help to Resisting Patients

For in avoiding the risk of surgery, he may ensure the imminence of death. In denying illness so that he can "maintain his independence," he may incapacitate himself beyond hope of independent functioning. And in refusing adamantly to limit his activities, he can impair, perhaps permanently, his capacity to live so that his limitations do not unnecessarily handicap his self-esteem and his personal and familial fulfillment. Casework help under these circumstances requires a constant search for ways to help the perturbed patient use his energy in his own behalf, toward stabilized health and functioning up to his optimum capacity. This is the ultimate goal that both hospital and patient are seeking, however opposed they seem to him.

BASIS FOR RESISTANCE

The caseworker, like each of the other members of the interdisciplinary team, begins her service with differential assessment of the person and his problem. She evaluates the resistance against medical and casework help, considering what it is that the patient is resisting. She looks at the specific details around which his battle centers, and at their meaning for him. For example, sometimes the patient is refusing treatment which seems to him to provide grossly inadequate benefits in return for his pain and investment. The doctor may agree that an elective procedure, with attendant risk, offers so small an assurance of increased comfort that the patient alone can determine its worth to him. Again the resistance may be a resistance to life itself, with the patient immersed in depression, and seeming to nullify all measures that might retard or prevent his movement toward death. Sometimes the prospect of increased functioning, with loss of some of the secondary gains of illness, is appalling to a patient who feels totally inadequate to assume greater responsibilities, and more active roles in his family and community.

Sometimes the grinding pressures of the deprived demanding world the patient lives

in drain him of energy, and make the possibility of rehabilitation and fuller living a mirage. He may appear to be "resisting" when actually he is unable to cope with yet another demand upon him until his reality pressures are somewhat relieved.

And among the many possible reasons for resistance, the worker often finds that the medical recommendation itself carries for the patient the intolerable threat of disorganization and destruction of his self-image without which he cannot bear to live. Since this is a basis for resistance which can effectively deprive the patient of the wealth of medical care the hospital is ready to provide, this paper is concerned with the problems of offering meaningful help to the patient so threatened. To be effective, casework help must enable him to modify the attitudes impeding his constructive use of medical care, or his adjustment to stabilized and irreversible medical disabilities or physical handicaps.

RESISTANCE TO LONG-TERM HOSPITALIZATION

An example of casework service in the problems this presents for patients, social worker, and other hospital staff alike is seen in the F case, worked with in two different periods:

Mrs. F, hospitalized when she was 60 for recurrence of rheumatic fever and rheumatic heart disease, was referred for help in discharge planning. We found her to be a woman whose status and ability to accept herself had been based on functioning as an independent self-sufficient woman, giving to others. In her 40-year work history, choice of profession as a pediatric nurse, and maternal provision for the daughter born after her husband's death, she had consistently prided herself on her ability to provide for herself and others. This was particularly notable because of recurrent bouts of cardiac illness for over 30 years, after each of which she returned to work as quickly as possible.

She fought desperately for self-preser-

vation against any personal or financial dependence, and risk of being disabled from work. In her hospitalization, she avoided asking for necessary medical and nursing attention. Casework activity was focused on helping her see the fight for health as a participation in her medical and nursing care, not removal from it. As she improved, and work seemed medically possible, her hospital adjustment also improved, since essentially it was not the doctors she was fighting, but the threat to her integration. Following institutional convalescent care, she moved gradually into re-employment; and service was completed.

In a sense, then, her medical progress spared her at this time from facing the insupportable prospect of a more restrictive medical recommendation.

When she returned to the hospital two years later, again with acute cardiac disease, she was determined to repeat her past "magic," to go to a convalescent home and back to work. She was frightened but undeflected by several serious attacks in rapid succession, one while she was still hospitalized. Because of the previous psychosocial evaluation of the danger limitation represented to her, casework service was provided through scheduled weekly interviews, with additional interviews at points of crisis.

For a time, Mrs. F could only beg for reassurance that her own planning would be effective in returning her to work. The worker consistently conveyed her recognition that Mrs. F was a capable woman, to whom independence had tremendous meaning; that she wanted to get well again; and that the hospital too wanted her to get better.

As her condition worsened, and the need to limit her activities drastically became inescapable, she grew increasingly upset. She brought out disrespect for doctors; how she had fooled them in the past, doing more than they wanted her to; how she could only accept recommendations recognizing the first importance of re-employment. Starting from any subject, she returned rapidly to con-

sidering convalescent homes. She could acknowledge, with the worker's help, how hard it was to bear the slow uncertain progress she was making at this time.

The caseworker recognized the patient's anger against all treatment staff, including herself, as defensive measures to protect her against the suspicion that her progress might be ominously slow under any circumstances. She emphasized in a variety of ways that the patient's goal of getting better and the hospital's goal were alike, and that, despite the patient's pressure for what was more acceptable to her, the hospital staff needed to determine what would best advance her progress at each point of treatment.

The crisis came when the doctors agreed that Mrs. F would need long-term hospital care. She wept, stormed, and threatened to go home against advice. She would rather die than go to the best long-term hospital.

Faced with prolonged hospitalization, this patient had come up against an implacable danger. Active casework help was needed to translate long-term care from a final disaster to a painful but necessary step toward her vital goal of independence. To allow herself the hospitalization she needed, she would have to broaden her definition of "independence" to include the relative independence of improved ability to care for herself, whether or not this entailed self-support.

The psychiatrist, drawn in for consultation by agreement between doctor and social worker, felt that withdrawal of her major prop of work left Mrs. F with a tottering adjustment. Doctors and social worker therefore set up a collaborative plan for co-ordinated support to her in this difficult period. The doctors stressed their concern for treatment toward stabilized improvement, possible only within a long-term hospital. The caseworker worked actively to reinforce this treatment plan, so appalling to Mrs. F, and invest it with the genuine medical purpose of rehabilitation. She continued

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to recognize always that this was rehabilitation in a different way from what Mrs. F wanted, requiring all her courage, determination, and demonstrated will to live. She met the patient's turmoil (movement toward considering long-term hospital, and recoils from it) with constant appreciation that the patient was having a harder job in working toward her independence now that she had ever put into a nursing day.

In the course of this contact, Mrs. F's daughter needed casework help so she, too, could support her mother in the move to a long-term hospital.

As Mrs. F moved tearfully, but with less panic, to considering what long-term hospital care would involve for her, it was possible to prepare her for this, with discussion of concrete details; with recognition that she would be lonely and upset, reacting to strange things, tempted to go home; with support to sustain the initial adjustment period.

Since it was clear that Mrs. F would continue to have a problem in accepting long-term hospitalization as an essential part of her battle for recovery, the caseworker also prepared her for continuing with the worker in the new hospital, and alerted that worker accordingly. She utilized their experience together, in which Mrs. F developed trust in this caseworker after all their initial misunderstanding, to help her see that she could, if she gave herself a chance, do this with the new person who would be there to help her. Mrs. F cried at leaving, and clung to the worker, kissing her.

RESISTANCE TO PSYCHIATRIC TREATMENT

For Mrs. F the battle was against the hospitalization that meant for her chronic illness and dependence. But whatever the specific form of medical, surgical, or psychiatric recommendation, the impact may mobilize all the patient's energy toward self-protection. For Mrs. R, the unbearable

assault came from the recommendation for psychiatric treatment:

Mrs. R, 24, with two small daughters was recently deserted by her husband, when first referred to Social Service. When surgery (last of several operations for long-standing eye disease) failed to restore her rapidly fading vision, psychiatric consultation was arranged because of her depression and suicidal threats.

The psychiatrist thought her very apt to suicide on finding that her vision could not be restored, and urgently in need of psychiatric treatment. Because of her emotional state, the psychiatrist and eye surgeon made the highly unusual joint decision to defer providing medical information that would end her hope until she had the opportunity to move to a beginning adjustment to life as a blind woman.

Casework efforts to help her avail herself of psychiatric treatment failed. Mrs. R made it plain that for her the choice was vision or suicide; and nobody was smuggling over "rehabilitation" to make her adjust to the impossible. Poignantly, she said, "You wouldn't ask it of me if you knew what it was like to watch your children's faces fading day by day!"

A year later, another attempt was made to reach her, as it became evident, during her attendance at the Eye Clinic, that she was moving no closer to tolerating her handicap.

The patient was responsive to interest, but still in mourning for her lost vision. She stayed at home so that her blindness would not be seen. She could hardly bear the word "blind," and spoke with revulsion of the help extended by a community agency for the blind. She commented that she knew she was harming herself, but unless she regained her sight, she had no wish to do anything for her own welfare. She wanted no sympathy, and talking would not help. She wanted two eyes, not rehabilitation.

Here, then, is the problem we have met before. To accept psychiatric treatment is to accept the hospital's questions about the recovery of her sight. If she is expected to

make a life for herself as a blind woman, then perhaps this is the only life open to her, with this possibility she cannot visualize living. The caseworker's problem, therefore, if she can help at all, is to enable Mrs. R to fight for the kind of life that she may still have, instead of the life she can have no longer.

To do this, she first helped Mrs. R clarify for herself the fact that in fighting against a world shrinking through blindness, she was inherently fighting for more satisfying freer living, and that even with depressed feelings, she was also showing strength and a desire for life. The worker utilized these evidences to reinforce Mrs. R's ability to mobilize these feelings within herself for effective action on her own behalf.

The caseworker agreed her life was indeed in her own hands, and she had the power to destroy it. However, she also had the right and power to live a little happier life, even in these trying circumstances. Mrs. R spoke of the many heroes who made a constructive life despite handicaps, but felt she could never do this herself. The worker doubted very much that Mrs. R had done nothing constructive, and reminded her of the courage with which she has undergone all kinds of medical and surgical care; her ability to make a home for her children alone; and her growing need of human contacts, as shown in a recent dating relationship. While arguing these, Mrs. R began to question what a psychiatrist could do for her, when she didn't know herself what she wanted.

In response to this tentative interest, weekly interviews were set for a two-month period to consider this question further; and the services of a guide were arranged to make this possible. During this time, the caseworker utilized opportunities to clarify that the hospital treatment program was directed toward the very objective of fuller living that Mrs. R was demanding so angrily. She accepted Mrs. R's fight against the position she found herself in, and her manifold complaints against family, husband, boy friend,

and the many social workers in her life, as well as her contempt for people who were blind. At the same time, according to the diagnostic evaluation, casework help was focused on developing and reinforcing the evidences of Mrs. R's own desire to achieve a return to normal living. Thus the caseworker stressed that Mrs. R could, in spite of her great physical limitations, get more than she was getting from life, and that psychiatric treatment could be directed toward this goal. As she moved to participate in consultation, Mrs. R expressed directly her feeling that the worker was "a dependable and helpful person."

In the consultation interview, Mrs. R responded to the psychiatrist's hope that she could allow herself the opportunity for treatment. Unfortunately, the shortage of treatment personnel made it impossible to begin psychotherapy for some time. In the interim, supportive casework service was agreed upon by psychiatrist and social worker.

In this complicated situation, the welfare agency, the agency for the blind, the day nursery, and the hospital worked together in close co-ordination toward the rehabilitation of this desperate patient.

Through much interagency collaboration, concrete services were provided to relieve pressure on Mrs. R: nursery for her younger child; part-time homemaker care; guide service. There was casework discussion of Mrs. R's running battle with the welfare investigator. The worker wondered whether she didn't really want to channel her energy into some more pleasurable activity. This enabled Mrs. R for the first time since her blindness to live in armed truce, with only occasional flare-ups, with the agencies in her life.

An emergency arose when she actively tried to go to another city for a recently publicized operation to restore vision. Psychiatrist, eye doctor, and social worker agreed that it was time for her to know that no surgery could improve her sight. The eye doctor discussed this with her

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in the caseworker's presence. In a pathetic interview, Mrs. R spoke of her beginning acknowledgment that she would never see her children again. Close continuing casework contact showed increasing relief, along with her sadness.

Her concerns were utilized to help make the impending psychiatric treatment meaningful for her. Thus her longing to give her children the happy home which was their birthright was utilized as a possible focus for treatment in the clinic. She also spoke more and more of her boy friend, fearing she might "kill" this relationship because she was such a difficult and demanding person. She herself suggested that psychiatric treatment might help her overcome the difficult personality traits which had affected her relationships with people.

By the time she could be taken on for treatment in the mental hygiene clinic, she was herself seeking help, for she could see the treatment as in her interests, and not implacably against her. After her first session, she called to discuss her satisfaction with her therapist and her plans for working with him.

As she made progress in treatment, she came to talk about vocational rehabilitation. In anger, when the worker suggested utilizing resources for the blind, she held the caseworker responsible for helping her directly, because "she was the powerful force behind her emerged desire to live again." Although her treatment is yet young, and stormy days are ahead, there is every indication that she will continue to participate in her own rehabilitation, emotional as well as vocational. One index of this is her decision, for the first time, to go to a camp for the blind this summer.

There is no doubt that the caseworker had valuable allies in helping Mrs. R accept the treatment she so desperately needed. As is always the case in a hospital, she had the doctors' authority and concern for life and their joint planning to help Mrs. R to survive with what dignity and satisfaction were possible for her. Life also helped,

with the supportive interest of Mrs. R's boy friend, once she could emerge from hiding in her house.

But casework service enabled Mrs. R to utilize these factors to reach for help. The caseworker, knowing her discomfort and her desire for a life she could bear, helped Mrs. R to grasp the psychiatrist's concern, too, that she have a fuller life.

She kept the medical team closely related to Mrs. R's emotional progress, and the point at which knowledge of her prognosis, dangerous to her life before, was essential to her fight for life now. She helped the patient draw on her own strength and will to live and to see areas of living, vital to her, which psychiatric help might enable her to enrich. And thus the patient, whose fight was always for the fullness of living, could modify her attitude toward the treatment program, and see it as an aid in her fight.

EMERGENCY CONTACT

These cases, presented at length, illustrate the stormy progress of the patient whose resistance arises from his conviction that his life and integration are under assault from medical recommendations. A similar process, much encapsulated, is often necessary on an emergency basis, when time is of the essence.

The intake worker found Mr. C about to undergo surgery for cancer of the sigmoid, in a cold sweat of horror. He had been referred for social study to determine what physical and emotional provision his family could make for his subsequent medical needs. He apparently had not been able to grasp all of the doctor's explanation of colostomy in his shock. He thought this an experimental operation, perhaps the first ever performed. He did not see how anyone could go on living under these circumstances.

The caseworker encouraged him to discuss this further with the doctor. She said this was a common procedure. Although it meant a difficult adjustment, it was possible to adjust to it, and the

hospital would be helping. He was then able to talk of the things important to him. He said he had always protected his wife, to spare her worry. He pleaded for his importance in the family, and showed a note from his small daughter begging him to come home and help her with her homework.

The caseworker agreed that he naturally wanted to get back to his daily activities. He then brought out painfully that these had been interfered with for months by a diarrhea which required constant trips to the bathroom. Really he had no way of carrying on his daily activities, even if he signed himself out now. The worker commented that the hospital too wanted him to be able to look out for his family; and that this surgical procedure was apparently the only way the doctors had to stop the constant diarrhea. He responded warmly. He said he would go back to work "if he had to go back standing on his head," and he would be more use at home afterward than living in the bathroom. He said he wasn't so frightened now, and had more hope of enjoying life again.

He accepted eagerly the worker's offer of continuing casework contact after his surgery to help him and his family make adequate plans for his care and adjustment. Since the doctor was operating, a note was placed in the medical chart alerting him to the patient's anxiety and need for further discussion.

Here, too, the patient saw the hospital treatment as assaultive. Here, too, he responded to the worker's help, through discussion of surgery, in clarifying the goal that he and the hospital treatment-team shared, namely, preserving the place in his family so meaningful to him. He could then participate, with less panic, in plans for his treatment. With immediate surgery essential to preserve his life, the caseworker could only give a highly focused immediate service, helping him to move along with the medical plans as constructively as possible. Recognizing that both he and his family would inevitably have strong reactions to such drastic surgery, she offered

continuing help to both with their own feelings, adjustments, and possible new plans.

CONCLUSIONS

In these varied situations, the worker is faced with a common problem in helping the patient participate constructively in his medical care. In each, the patient sees the steps of the medical program as a disintegrating assault upon him and upon his image of himself as an acceptable human being. In each, therefore, for his own survival, he has to mobilize reserves of strength to combat the assault.

Because the medical program realistically works to preserve the patient's identity, functioning, and potential for life, his fight against its threat can unfortunately destroy him and his own goals. Yet it is to be remembered that this mobilization for battle is potentially one of the most effective forces for his own recovery, and for whatever reorganization is necessary for him. A patient who fights to survive is an ally to the doctor who treats him; a patient who waits to die is ally to no one, not even himself.

The caseworker's problem, therefore, is to redirect the fight for survival so that it can effectively promote the patient's effort at self-preservation. Somehow, the steps of medical treatment must be separated for the patient from his idea that they are assaultive, if he is to act on them for his own benefit. It is only when he invests the necessary treatment with some semblance of protection of his basic interests that he can participate constructively in his medical care and rehabilitation.

As a first step, the caseworker who comprehends his terrible dilemma helps him to grasp the fact that his goals are understood and accepted by the treatment staff. As a second step, building upon the first, she helps him to see how, in his legitimate fight for survival, he is unfortunately defeating his own purposes, which are so valid. As a third step, concurrent with the second,

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she endeavors, with the help of the entire treatment team, to enable him to narrow the gap between his own goals and the medical goals of the hospital, which, however opposed they may seem to the patient, have in common his continued existence as an intact person. It is then possible to consider how, if necessary, he can find new ways to gratify the old and still vital urges for love, for giving, for status, for effectiveness, for whatever was to him inseparable from himself.

The methods of approach are of course

individualized. They bring into play all of the skills and all the various ways of communicating that the caseworker can muster from her own personality, professional training, and life experience; and from her understanding of the patient, the way of life he has made for himself, and the critical dangers he is fighting to avert. The aim is never to destroy the fight, but always to increase its effectiveness; for the patient who fights the medical team for his life can also, if we can help him, help the medical team to fight for his life as well.

BY GEORGE SHUGART

History-taking in Infantile Psychosis

PSYCHOSIS IN VERY young children may pose certain perplexities to the caseworker engaged in the preparation of a diagnostically meaningful developmental and social history. Despite the dramatic and impressive character of the disturbance which at once suggests its easy recognition, the contrary may be the fact. For many symptoms and many aspects of the psychotic child's behavior and personality function may also appear in mentally deficient, brain-damaged, or severely neurotic children. Consequently, parental attitudes and management may or may not be contributory, and where these have been obviously unhealthy, may lend themselves to easy distortion and misinterpretation, or otherwise serve to divert the worker. Thus, the caseworker who is accustomed to approach his material dynamically may find himself enmeshed in the complexity and obscurity of symptom and behavior as he searches for patterning, direction, and meaning within the framework of the child's interactions with his parents. His attempts may

therefore be thwarted and result in the accumulation of data which, for want of emphasis and clarity, may not be immediately useful to diagnosis.

To circumvent this difficulty, the writer concluded it would be helpful to isolate those signs and symptoms which uniformly make their appearance in childhood psychosis, ignoring those elements that reflect personality and neurotic traits and adaptive mechanisms built up during the child's lifetime and details of parent-child interactions. Kanner,¹ following his study of a group of children, had established the syndrome of *infantile autism* of which the essential features were a profound withdrawal from contact with people, and an obsessive desire for preservation of sameness. Mahler² and her associates isolated a group of children who were designated as suffering a symbiotic form of psychosis in which resistance to maturational separation from the mother was predominant. Bender and her coworkers noted bizarre motility and mannerisms; impaired body

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¹ Leo Kanner, "Autistic Disturbances of Affective Content," *Nervous Child*, Vol. 2 (1943), pp. 217-250.

² M. S. Mahler, J. R. Ross, and Z. de Fries, "Clinical Studies in Benign and Malign Cases of Childhood Psychosis," *American Journal of Orthopsychiatry*, Vol. 19 (1949), pp. 295-305.

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image and orientation in time and space; and retardation in the perceptual, intellectual, emotional, and social spheres.³ To the characteristics described by these investigators, the writer added symptoms as reported in individual cases by a number of practitioners (too numerous to mention here) and, finally, those which he had obtained in the course of taking histories.

FIVE AREAS OF EGO FUNCTION

Among the signs which the writer contributed were two groups which, to his knowledge, have not before been reported as generalized symptom entities. One group of signs originates from the failure of the psychotic child to play or from his having a form of play sufficiently distinctive to be of diagnostic significance. The second group describes the child's characteristic manner of responding to certain learning situations and his retreat from learned skills. Both will be discussed in detail below.

Upon examining the data thus accumulated in order to establish a meaningful arrangement of several hundred items, it was found, following some preliminary explorations, that the material having primary diagnostic significance fell in a rather general way into five major symptom groups involving five major areas of ego function. These are: (1) orientation to people, (2) orientation to reality, (3) orientation to play, (4) motility and sensory modes, and (5) speech. In addition, three collateral groups were arranged which, while not specific for determination of psychosis, may prove helpful in arriving at a differential diagnosis between psychosis and mental deficiency or severe neurosis. These are: (1) vegetative disturbances, (2) domestication, and (3) rate of physical development.

At this point it should be made clear that the above schema is intended for application to histories of children in whom aberrant adjustment and response have been

manifest from early infancy or the first several years of life in continuity to presenting age. It may not apply to children who have maintained a schizoid-like adjustment with a relatively or seemingly sudden onset of psychotic disturbance at approximately age three, seven, or later. In the former group of children, the psychosis appears to be related to *ego deficiency or retardation*, the failure of major ego functions to appear or their failure to develop beyond infantile levels. In the latter group, the psychosis is more clearly a manifestation of *ego diffusion* and personality disintegration commonly seen in psychotic adolescents and adults. Hence, the ensuing discussion will be restricted to the ego-retarded child only.

ORIENTATION TO PEOPLE

In reviewing the contents of the five symptom areas, only the more important items will be mentioned here. The first category, the child's orientation to people, refers to the nature of his response to adults and children, whether he is capable of entering into relationships and the quality of relationships he forms. The autistic child is unable to form object relations and fails to relate to parents and other persons except in very limited ways or of an infantile nature. As an infant he fails to respond to the approach or cuddling of parents, or may withdraw by stiffening his body or assuming positions which make holding him difficult. He fails to show any preferential attachment to mother, apparently oblivious of her comings or goings. He later ignores the presence of persons and prefers to spend his time away from them, wrapped in autistic self-sufficiency. Sibling attempts to relate to him are rebuffed. He avoids the gaze of others and fails to respond to the voices of people, or their approach. Consequently, parents very early think the child is deaf. He avoids other children. He seems to live in a world of things and sensations. Generally, his only

³ Lauretta Bender, "Childhood Schizophrenia," *American Journal of Orthopsychiatry*, Vol. 17 (1947), pp. 40-56.

approach to people is in attempt to have some want satisfied, either through gesture or tantrum. He may also accept tickling and gymnastics from others. The symbiotic child shows the same tendencies in less sharp form, but he will maintain an over-dependent relationship to mother and struggle against separation from her. He may nag by his presence at every point and contrive for continuous involvement with her; panic at her absence, yet provoke her by negative and teasing behavior, manifesting extremes of ambivalent love and hate (fear); be relentless in his determination to maintain an unbroken tie with her. He may not avoid gaze or voice. He may engage in sporadic parallel play with other children and may watch them at their play.

ORIENTATION TO REALITY

In orientation to reality, we are concerned with the child's relative awareness of the objects and activities of his environment and the relative appropriateness of his response to them. From infancy the child, although seemingly alert, fails to respond to the world about him. He is undemanding, apathetic, and indifferent—"too good." His curiosity seems nonpurposeful and fails to result in appropriate learning. He may form strong attachments to specific objects. The autistic restricts interest to a very narrow range which soon becomes age inappropriate. He therefore appears intellectually retarded, and emotionally and socially stunted. He appears not to be in touch with his milieu but responding to inner stimulation. He will laugh or cry for no apparent reason or stare pensively off into space, grimacing or gesticulating as if hallucinating, or suddenly become gleeful or sad, uttering shouts or screams. Mother says, "He seems to be in a world of his own." The intrinsic meaning of the environment's content seems lost to him, and his interest in and use of its objects may be perverted and bizarre.

The symbiotist likewise fails to establish a working contact with his environment in

kind but not in degree. His need to maintain a close tie to his mother of itself guarantees greater participation and interaction with reality. While he may withdraw upon himself, nonetheless he will show responsiveness to those elements in his environment which impinge upon maternal ties. Hence he is less dependent upon self-stimulation as is the autistic and consequently gives appearance of being in greater contact. Mother says, "He doesn't seem to be learning as he should." While the autistic in mentation remains fixed at the level of infancy, the symbiotist may show progressive increase in mental capacity although not attaining his age (potential) capacity; or he may show intellectual and artistic precocity.

One aspect of orientation to reality is the psychotic child's need to keep himself in a constant or unchanging relationship to his environment, the maintenance of sameness. This gives the child an aspect of being rigid, inflexible, stubborn, independent, determined. He objects to changes in routines, to deviations from the customary and familiar. If a corner of the rug is upturned, he may flatten it; if an act has been performed a certain way or in certain sequence on first occasion, it must always be performed identically in the future. If his desire fastens upon a given object, he cannot accept a substitute; if his relationship to objects is of a certain order he cannot change it. Enforced deviations result in severe tantrums and bouts of rage.

Another aspect of orientation to reality earlier referred to as an observation by the author, concerns the distinctive way in which the child responds to learning or mastery situations. In this the child rejects trial and error as a means of attaining mastery of an object or situation, withholding himself from immediate involvement, seemingly fearful that the task may prove too difficult for him. Instead, he stands off, resisting parental encouragement to manipulate or participate and, keeping his distance, observes closely how others work the object or manage the situation. Then sev-

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eral weeks later he may suddenly accept the challenge and handle it in masterful style as if having "practiced when no one was looking." He is recognized by parents to be a "watcher" who may spend much time observing other children at group or toy play but rarely venturing to join them or reproduce their activities. If the parent attempts to introduce the child into an activity which he has been thus observing quietly and intently, he may respond with bizarre behavior avoidant in its intent.

A converse phenomenon is the child's refusal to demonstrate an acquired skill. He may, with great perseverance and attention, achieve mastery of a process, but once this has been accomplished he may never again show interest in his achievement. Thus, after having demonstrated that he can handle a tricycle expertly, he may not ever ride it again and resist parental persuasion in this direction. Or he may in fact acquire or endeavor to acquire a skill "while no one is looking" which he very carefully keeps secret, performing only when he is alone. Thus, when persons come upon him unexpectedly, he immediately ceases. If the activity has been that of drawing or writing letters of the alphabet, he may immediately attempt defacement by scribbling over his work, or if he has been building with blocks, destroy the structure.

The child's approach to mastery of his body and its functions is identical with the approach he uses to master externalities. For instance, speech makes its appearance at the usual age but shortly thereafter ceases or is sparingly used. Some of the children wean themselves from the bottle or toilet train themselves at unusually early ages (with later regressions). Others in infancy may ignore or reject parental attempts to teach them to walk, or begin to walk for a very brief period at the usual age and then cease for as many as six months, or may delay walking until a relatively late age when suddenly it appears with perfect gait, again as if having practiced secretly.

This inability to accept direct or indirect learning from others—i.e., to be shown *how*—may become a marked and limiting trait in some of the symbiotic children of whom parents will say, "He'll learn only what he's interested in."

PLAY

Orientation to play refers to the manner in which the child responds to toys, play materials, and situations. From earliest history the autistic reveals a marked deficiency in playfulness. In infancy he may fail to respond to pat-a-cake and peekaboo. Later, toys are ignored or immediately pulled apart. He concentrates on the wheels of toy cars, spinning them or pulling them off altogether, or manipulating door-knobs, light switches, or other similar paraphernalia for hours at a time. He is a collector of small bits of material, like bits of stick or pebbles, which he fondles or puts into his mouth, or drops into sewer or heat register openings. He likes to wind string or strips of paper. Broken fragments, amputated parts, which he often obtains by fragmenting some larger object, are of special interest to him. He cannot be drawn into interpersonal or mutual play of any sort except that involving the most primitive physical stimulation, like being tickled, carried, or engaged in "gymnastics." Efforts to involve the child in social or parallel play are met by an accentuation of efforts at avoidance even when he can be forced to go through the motions of the game.

The symbiot reveals a significantly different play pattern. While he might ignore toys, he does not destroy them. He can occasionally accept a toy for brief play in a stiff or clumsy manner or carry on fantasy play but of a very private nature. Most characteristic is his early interest in mother's domestic activities and in household mechanical equipment. He likes to be in the kitchen, wanting to bake and cook with mother, or attempting to clean or wash dishes. He shows affinity for

vacuum cleaners, sewing machines, and electric mixers, apparently enamored of their moving parts and their relationship to mother. He sometimes uses wheeled toys like wagons or tricycles, but prefers to turn them on their sides and spin their wheels. He can be drawn into play with another person or child, but again only briefly.

USE OF THE BODY

Motility modes refer to the use of the body or its parts in rhythmic or bizarre ways. As an infant the child may rock or bang his head in his pillow, or rock his body. Later he may rock his trunk forward from his knees, indulge in prolonged jumping up and down, rock in a sitting or kneeling position, shake his crib, flap his hands to his thighs or wave them aloft. He may make strange gestures with his hands or with his fingers, holding them aloft to gaze through them or indulge in other odd gestures like prolonged hiding himself under blankets or excessive use of rocking equipment, rocking chair or horse, or random running back and forth or in a circle. While the autistic is apparently fearless, the symbiot may be fearful of high places, swings, slides, and the like. The autistic is also adept at climbing and will manage precarious positions atop of doors, ceiling pipes, and window ledges with great skill.

Sensory modes refers to the manifestation of hypersensitivity or preoccupation in one or more of the sensory modes.⁴ He may show objection to certain fine sounds or gross noises by holding his ears with or without crying. Later he may use this gesture to express displeasure, or during tantrums. He may smell all objects he handles whether edible or not, or show obvious interest in the body odors of other people. He may show unusual interest in lights or may be seen to narrow his lids and

squint as if toying with visual sensations, or may habitually run into objects as if unseeing. He may show affinity for foods of marked taste or texture or for inedibles like sand, insects, and leaves. Lastly, he may show preferences for materials with certain textures or degrees of softness—fur, blankets, stuffed animals, or other from which he derives great pleasure by stroking or fondling.

SPEECH

Speech refers to whether the child has the use of recognizable words and the manner in which he uses them. The history of the autistic generally indicates that speech made its appearance at about one year of age with the acquisition of as many as several dozen words. Thereafter, the child lapsed into muteness and speech failed to reappear except for an occasionally appropriately used word. The symbiot may retain his speech but the accretion of new vocabulary may be very slow, or may be precocious. However, the symbiot uses his language frugally, only to communicate his wants. In addition, he may divorce his speech from appropriate relationship to reality. He repeats what is said to him, utters phrases having no recognizable meaning, repeats verbal statements made to him some time in the past, makes obscure puns or otherwise appears to play with words and their sounds.

COLLATERAL NONSPECIFIC AREAS OF EVIDENCE

In addition to the five major areas of possible pathology, the three collateral groups should here be mentioned. (1) In vegetative disturbances, we note that as an infant the child usually suffers feeding and/or sleeping disturbances. He may refuse to suck, show distress during or after feeding, or present other feeding problems, including early rejection of the bottle. He may never settle down to sleeping through the night but instead may wake with crying or laughing spells, or inexplicable tantrums

⁴ Paul Bergman and Sybille K. Escalona, "Unusual Sensitivities in Very Young Children," in *The Psychoanalytic Study of the Child*, Vol. 3 and 4 (New York: International Universities Press, 1949), pp. 333-352.

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or wanderings. These symptoms may continue until the child is well into his fourth or fifth year. (2) The psychotic child is difficult to domesticate. Toilet training and self-care, dressing, and washing and adequate self-feeding (use of spoon) may never or only partially be achieved. On the other hand, self-training or dressing at a very early age with later lapses may be reported. (3) In physical development (ages of sitting, standing, walking, and talking), the psychotic child is usually within normal ranges. In the autistic there may be some precocity with exemplary muscular coordination and gymnastic skill. In the symbiot there may be poor muscular control with attendant awkwardness, clumsiness, and resistance to gymnastic play.

MOVEMENT TOWARD HEALTH

Earlier in this discussion, the point was made that in preparing our syndromal structure, personality and neurotic or neurotic-like traits are omitted in order to arrive at the essence of the symptomatic picture. However, in evaluating the child within the framework of the syndrome, it is important to give close attention to individual personality and neurotic traits. The recognition of personality traits not only enables their separation from the psychotic aspects, thus lending clarification to the presenting picture, but also enables detection of the area of identification with and introjection of qualities of parental personalities. In neurotic elements we are able to note the extent to which the child is succeeding or has succeeded in substituting neurotic for psychotic defenses; to what degree he has found a means of specifically binding his anxiety to permit the emergence or the beginning growth of an ego function. This may serve as a means of estimating the child's movement toward remission, and as an index of his potential for recovery.

DIFFERENTIAL DIAGNOSIS

The grouped symptoms and signs appearing in the five functional areas as developed

above constitute the cardinal points in the structure of the psychosis, the outlines of which may be defined by the relative amounts of pathology present in each and in combinations. Of these areas the most significant and definitive is the child's capacity to form relationships with others. This serves as the core element in our structure to which the other categories bear the relationship of spokes to the hub of a wheel. Keeping in mind that the child's inability to relate to people is a variable dependent upon the degree of psychotic withdrawal, the secondary groups are used to interpret, check, and verify the withdrawal as reported in order to determine whether it is a manifestation of psychosis or some other condition. Thus, in the psychotic child impaired orientation to people will be supported by the appearance of pathology in all other areas, although there may not be a full complement of signs in each of the supporting groups. In the instance of the brain-injured child without psychosis, the mentally deficient and the neurotic child, such support will not be found, thus serving to correct a faulty impression or explain the child's apparent inability to relate. For instance, since mentally deficient children are functionally younger than their chronological ages, their simple and more infantile ways of relating may easily be misconstrued as pathognomonic of psychosis, particularly since muteness and some bizarre motilities common among defective children may also be present. The brain-damaged child may be so impulsive that his fleeting relatings may go unnoticed. And so with the neurotic child who may have entered a period of severe social and intellectual inhibition.

Of the supportive groups, orientation to reality and to play are most important. The amount and quality of response to environment, particularly in the areas of sameness and perfectionistic-like response to learning, and the amount and kind of play nonpsychotic children exhibit are significantly different from those shown by

psychotic and schizoid children. It is possible to observe that in schizoid children, those in whom there has been sudden onset, or who are on the verge of a psychotic episode, most of the symptoms outlined above may not have been present in their past histories. However, in addition to having been shy and withdrawn, these children may present recognizable adherence to sameness, "perfectionistic" attitudes toward learning and performance, and certain deficiencies in playfulness.⁵ Motility modes are useful only in connection with other evidence since some "normal" children are head bangers and body rockers; and among defective children (and blind children, too) more bizarre motilities are quite common. Sensory modes are highly specific, particularly the two most readily observable ones, smell and hearing. Speech is most useful in separating the mute psychotic from the defective child by virtue of the former's early retreat from its use, a feat not possible for a defective child; and among verbal children, in sorting the schizophrenic from the severely inhibited one. The presence of muteness in itself is not very helpful since the condition may be caused by neurotic inhibition, defect or damage to nervous tissue or vocal apparatus, or psychosis.

The three secondary groups are chiefly useful in pegging the defective child. Because of neural or mechanical deficit many defective infants may experience sucking, swallowing, or chewing difficulties not to be mistaken for the resistance toward performance or the organismic distress related to the feeding function displayed by the psychotic child. In the deficient child there usually are no sleeping disturbances. The same characteristic resistance as against inability is the distinguishing feature in the problem of domestication. The psychotic child turns a deaf ear to the demands made

upon him. Most often he can perform (if he is old enough), but he chooses not to, except on infrequent occasions when he may respond appropriately. In the defective child this becomes a problem due to learning incapacities. The child may apply himself, but may attain mastery very slowly and with very great effort. A slower rate of physical development is also typical of the defective child.

SUMMARY

For the caseworker to whose attention comes the young psychotic child, the preparation of a focused diagnostic history may be difficult if the material is approached functionally. This difficulty may be overcome by emphasis upon a quantitative topographical investigation based upon a systematic method of inquiry and recording. The use of such a method may make possible the establishment of a diagnosis from the history alone, as well as contribute toward solution of the problems of differential diagnosis. It may also provide a means of obtaining other insights not otherwise readily available. The comparative study of numbers of histories in which identical examination is made of autistic and symbiotic children suffering psychosis in varying degrees at various ages and in various stages of remission provides a natural continuum spreading before the eyes the full range of the illness in its numerous aspects and attendant personality and environmental variables from which some observations may be made.

TWO EXAMPLES

Following are two examples of histories prepared according to the method outlined above. The information is in the order as obtained from the parents.

Cynthia, age five years, four months, is a child spontaneously recovering from autistic type of psychosis.

Referred by parents who consider child to be mentally defective, and are concerned

⁵ The writer observed similar play deficiencies in the histories of schizophrenic young adults. See "The Play History: Its Application and Significance," *Journal of Psychiatric Social Work*, Vol. 24 (September 1955), pp. 204-209.

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with her retardation and her odd ways. She has been preoccupied with things black in color. This began several months ago when mother acquired a black slip. She then began to carry a black cushion about at all times, points out black objects whenever she sees them, likes to stroke black cloth, and in other ways shows her preference for things black in color. She persists in making a balanced arrangement of objects, often attempting difficult feats, or if it is utterly impossible, then she tantrums. For instance, she will build blocks, starting with a small block at the bottom, skilfully making a kind of inverted pyramid. Through persistence, mother says she often achieves what appears to be impossible. When tantruming, she will smack her hands or hit her forehead with the back of her open hand. She is very stubborn and, once she gets some notion, she cannot be distracted from it. She is compulsive with objects that she handles. She likes to place chairs in a line; everything must be just so. She plays with small sticks, which must be lined up just so, and although she has built with blocks, she prefers to line them up. When excited, she waves her hands. She holds her ears when a loud noise is sounded and also when the baby cries. This began at age two. She smells everything she handles. She has not drooled since infancy, has never been a finger sucker. She is careless with belongings, does not object to change. She does not respond to kissing, has never kissed her mother voluntarily. Until quite recently, she has ignored other children as well as her brother, Bill, who is now two and one-half years old. She has just begun to interact with him, in response to his pressure, and occasionally will play a running game with him. She ignores the baby, who is now one year old.

She does not use toys for the purpose intended, although she is not destructive of them. She has no interest in mechanical things. She has never been attracted to dolls or cuddly toys. She has a small rubber

animal which she likes, and is very fond of boats. She uses blocks to build boats. She can write her name, she does some drawing, colors a great deal, can write all the letters of the alphabet, appears to have a very good memory. She is fond of music and can carry tunes and repeat words of songs. She likes to play with puzzles and to look through books. She appears to be a fad-dist, moving from one preference to another. At present there is the predilection for black; formerly she required mother to tie clothing strings (like shoestrings) as tight as they could be drawn. About a month ago she wore gloves all day long. She likes to have her head massaged, her hair braided, and likes to get her hair wet. Cynthia is a good eater and has fed herself since age two, using spoon and fork, and is able to cut soft meat. However, she likes to play with her food and will smear if permitted to. She sleeps well, still taking an afternoon nap. She can undress and dress with minimum help, can give herself a bath and wash. She is fearful of street-cars and waves her hands when she sees one. She generally ignores strangers, although she is not fearful of them. She tends to avoid gaze, requiring mother often to ask her to look at her when being spoken to. She ignores mother's call and occasionally will dart when called. Although she likes to swing, she does no climbing, is generally a cautious, careful child. Her walking gait is good and her digital co-ordination is good, but mother thinks there is something awkward about her run. She has a good vocabulary, but pronunciation is not clear. She engages in no conversation, will use words for attainment of needs, and there is some echolalia. She likes to gaze at herself in the mirror, does some inappropriate laughing, and seems to be "half in a world of her own." There is little imitation of mother.

She has no illnesses other than tonsillitis and colds and no high fevers.

Pregnancy with Cynthia was good. Cynthia was a breech birth, born after

thirty hours of forced labor. When born she was pretty badly bruised. Her eyes were crossed and since age three she has been wearing glasses. She is said to have been a bright child, but a good baby who made no demands, did not seem to note the absence of her parents, and was not particularly cuddly. She was never a feeding problem. She was bottle-fed. She sat at about eight months, stood at about a year, and walked at fifteen months; she did little crawling but never forward. At sitting age, she would sit in her crib and bang her head (the back) against the crib with great violence. This continued for several months. Also, she would jump up and down in her crib until about age three. As she got older, parents noted her failure to recognize them or to show any interest in them. She liked to look through her fingers and laugh, which she still does occasionally. At approximately six months she could say "Mamma" and "Daddy," but speech did not develop until six months ago, when she began to name objects. Toilet training was begun at nine months, but she was not dry and clean until just six months ago.

Formerly an undemanding child, only recently has she begun to claim mother's attention.

SYMBIOTIC TYPE

Jimmy, age five years, three months, is a child with symbiotic type of psychosis. Referred by parents because he is becoming difficult to manage.

Jimmy is described as waking up at night with hysterical laughter, which began about two years ago. He cannot seem to express himself, gets confused when he attempts to talk. He distorts some words, mixes tenses, and sometimes shows confusion with pronouns. It seems impossible to please him because of his frequent changes of mind. He consequently creates confusion and creates situations in which his wants cannot be satisfied. He engages in random running, with laughter and mumbling for several hours at a time, this starting during

the age of four. During the night waking, which may last two to three hours, he may get under the covers on hands and knees and jump up and down with laughter. "Everything is routine" and all activities involving daily living must be rigidly adhered to. He is very demanding of attention, but himself shows no affection toward others.

Jimmy was a full-term baby, weighing six pounds. Pregnancy and delivery were uneventful. He was an active baby, but was contented and not fussy. He cried and vomited a great deal from birth. He was allergic to many foods and at three months was put on canned milk because he could not take fresh milk. He is said to have liked being cuddled. He sat at six months, stood at eight months, and at ten months walked unaided across the kitchen floor once. He stopped walking thereafter and did not begin free walking until he was about eighteen months. He did a great deal of crawling and climbing. First words began at eighteen months, preceded by little babbling. His speech began to drop off at about age three, with restriction in its use. He was weaned from the bottle at age two and one-half and very early began to feed himself, using his fingers. He was never a thumb sucker, but did more mouthing than the average child, mother thinks. He would eat dirt and other inedibles. Mother says he was always stubborn and had to have his own way.

Toilet training was begun at one year. He was dry and clean by fifteen months, although enuretic till age three. When he goes to the bathroom, he likes to be alone. He used to smell his food before he ate it, but this has recently ceased. When younger, he would not respond when called and did a great deal of wandering. At age three, sometimes at the table, he would pull his right arm back rigidly and make a claw-like gesture with his fingers. This continued for about three to six months. As an infant he was a bed-shaker, would shake his body up and down and do excessive jumping. He also rocked his body

back and forth on his knees. He was very active, restless, always on the go. He is a very timid boy who is easily frightened, notices gruesome things, was frightened of cars and trucks; formerly was afraid of trains, but has not been afraid of high places, or water, or of the dark. Two years ago his eating habits began to change and he is now a very poor eater.

He is generally destructive of toys, but is very fond of cars and trucks, with which he plays very well. These seem to have been his only interest. He likes to spend many hours looking through magazines. He has never been interested in ball play, but he has a panda which he takes to bed with him, but with which he does not actually play. He likes to be read to and has a tendency to mix up the contents of the various stories although he is generally said to have a good memory. He likes very

much to help around the house. He wants to help mop, wash the car, and used to like to wash dishes. He likes to operate the electric sweeper. When it is necessary to turn lights on in the house, he becomes very angry if the parents do so without giving him the opportunity first. He seems sensitive to train whistles and horns, and objects if the radio is played loudly. When he was first given his tricycle, he resisted getting on to attempt to ride it. He seems to be rejecting of father and gives evidence of much rivalry. Usually the negatives do not begin until father comes home, and when father talks to mother he becomes angry and interrupts, attempting to divert attention to himself. He refuses to dress himself although he is capable of doing so.

Medical history indicated that when he was a month old, he had pneumonia and was in an oxygen tent; slightly cyanotic.

BY R. CLYDE WHITE

The Problem of Knowing in Social Work

THE PROBLEM OF knowing in social work becomes increasingly urgent. Social workers believe that they carry on an enterprise, properly called professional, which rests on a body of knowledge and skills. The number of schools of social work attached to universities in this country is evidence of a widespread opinion that such knowledge and skills exist and can be communicated to novitiates in ways analogous to those in schools of engineering, law, and medicine. The school of social work has, up to the present, differed from these others in that it has been concerned almost entirely with communicating a body of knowledge assumed to exist, but has been less concerned with advancing this knowledge by systematic means, or verifying it. It is, therefore, more than ordinarily appropriate to speak of "the problem of knowing in social work" because so little work has yet been done to determine what we know and how we know what we think we know.

I have undertaken to explore this problem by examining the status of a single concept, namely, the concept of "relationship" as it is used in social work. This paper

gives the conclusions from what may be regarded as a case study of a concept.¹ The method used was a kind of content analysis of the professional literature.² The aim of this analysis was to establish a basis for possible empirical work.

In surveying the use of the concept by a number of writers, the following formula for analysis was employed: (a) What does the writer seem to say, or try to say? (b) Does there seem to be subject-object confusion, that is, such serious subjective involvement of the observer with the situation that objectivity is impaired? (c) What kind of perceptual basis of his concept does the writer state or assume? Are direct sense-data referred to? Are Gestalt and field theories of perception apparent from the discussion? Is the theory of "set" considered? Is the writer aware of his own assumptions about behavior as sets which he uses? (d) Is the writer aware of the need of establishing the degree of veridicality (i.e., reliability and validity) of his perceptions or of the perceptions of his clients?

CONCEPT OF RELATIONSHIP

The concept of relationship is used more frequently now than it was in the earlier

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¹ Based upon an unpublished manuscript, "Relationship in Social Work, A Case Study of a Concept," 1956.

² A list of the literature reviewed for this purpose appears on page 99 at the end of this article.

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writings in our field. Although neither the content nor use of the concept has had a clear course of development, it does seem to be acquiring increasingly technical meanings. In casework, some writers such as Virginia Robinson have moved toward a stipulated definition. Others tend to use an ostensive definition, by naming the percepts which identify the concept. Writers on group work generally use the language of concrete description, and distinguish among relationships within a group, between members of the group and the group-as-a-whole, and between any of these and the group worker. The concept is less clearly defined in community organization. One writer, for example, regards it as something that exists, like the atmosphere, while others speak of trying to bring it about in a group-intergroup situation, the aim of which is to attain certain goals held in common by the constituent groups.

The use of the concept has improved in recent years, and the defining characteristics of a concrete, perceived relationship can now be identified. But the general concept remains vague. For purposes of theory, "relationship" has been regarded as a cause, as an effect, and as an intervening variable. However, those employing the concept are not always clear about which function it is intended to play in a given statement of theory.

SUBJECT-OBJECT CONFUSION

Social workers are by training liable to subject-object confusion regarding both their methods of practice and their goals and programs. Observer-involvement is inevitable in a helping profession, and it may be that social work is more prone to encounter confusions of perception of one's own needs with those of the client than are some other professions.

All the writers whose work was read deal with the problem of subject-object confusion. Mary Richmond frankly regarded the casework relationship as an opportunity for the caseworker to bring his values

to the client. Annette Garrett's study of a single case has little or no observer-involvement, but when she discusses casework theory in her introduction, reliance on vague, borrowed theories appears. The writers who hold to the Rankian theory of behavior (*e.g.*, Robinson and Aptekar) believe that subject-object confusion is a necessary part of the experience in casework relationship, and they plan it that way. A "deep relationship" is supposed to occur, but the estimate of both the qualitative and quantitative aspects of this experience were left to the unchecked intuition of the caseworker.

The problem of observer-involvement for group work and community organization is somewhat different from what it is in casework. Grace Coyle thinks the worker can identify the goals of the group, whether or not he values them. One aim of group work is to influence the goals but it is perhaps more concerned with the procedure by which goals are reached. The methods of attaining goals are distinctly those of the group worker, and it is assumed that they will accord with the specifications of democratic procedure. Wilson and Ryland point out that the worker may usurp the functions of the indigenous leader; this would be an instance of subject-object confusion. In community organization, all the writers state that a worker has his norms, and drives toward achieving them as well as he can. Campbell Murphy, for example, thinks that community organization workers are prone to subject-object confusion with respect to their own social class values. A common phrase in community organization is "unmet needs," but it is not clear who is to identify these. It is necessary to identify the allegedly needy, and the person or persons who define his unmet needs.

The research problem in observer-involvement is very complex. One kind of research would undertake to provide the worker with some reliable checks which he can use to correct an unconscious bias. This would require, in part, psychological

analysis of the situations in which social workers carry on their activities and the sets that they bring with them to the job. There are conscious biases, too. The helping professions, especially social work, have more or less well-formulated norms. These deliberately adopted biases may represent the norms of an occupational and intellectual elite.

PROBLEM OF PERCEPTION

Perception is the foundation of knowledge in any field. In the study of the literature, one of the things that stood out most prominently was the uncertainty of the perceptual basis upon which a theory was supposed to rest. Often vague and global theories were taken over from other professions or sciences without subjecting them to the critical test of social worker perceptions of those phenomena supposed to be relevant in our profession.

In the casework literature, the language of Gestalt and field theory occurs more often than that of other theories of perception. The theory of set probably plays a much larger part in casework practice than most caseworkers know, but almost always its presence has to be inferred. It is not well understood by caseworkers.

In a vague sort of way, Virginia Robinson tried to ground the phenomena of relationship in biological structure, and the "struggle" hypothesis of Herbert Aptekar appears to be similarly based. Neither shows other than metaphorically how the mechanics of mammalian reproduction account for the behavioral phenomena associated with "a relationship." Gordon Hamilton tries to show that caseworkers acquire knowledge by intuition, but she provides no test of its reliability. Intuition as a term for imprecise knowledge is permissible use of language, but caution in such usage is required. Knowledge acquired in this way is referred to as "primary evidence," but we do not free ourselves of the need for verification by commenting on the importance of primary evidence. It may be illu-

sory or hallucinatory. Much of the material cited by the writers was descriptive, and the result was a record in phenomenological terms. It was when concreteness was left for some excursion into general theories of behavior that the human being seemed to get lost in the haze.

Group workers have been at greater pains than caseworkers to make certain of their perceptions. They, too, have had recourse to Gestalt and field theories, and Grace Coyle has used the sociogram as a geometric representation of perceptions, which were for the most part matters of seeing and hearing. Wilson and Ryland report some of their observations descriptively, but also introduce a great deal of normative thinking which lacks obvious perceptual support. Harleigh Trecker's thinking was reported in terms of signs of perceived relationship, which could be used for verification of perception.

The perceptual basis of relationship offered in community organization is the least adequate of all the forms in professional social work. McMillen gives no clue to the percepts upon which his concept of relationship rests. Green and Murphy are inclined to resort to Gestalt theory, as modified by the field theorists. Green's diagram of the intergroup is the best effort made by any writer to establish denotability of an application for her particular theory of intergroup work, and she makes some guesses at dynamics within the Gestalt which seems to belong to Lewinian theory. Murphy makes a useful point about the relation of semantics to the reporting of percepts in community organization. Later he makes an argument for a basis of objectivity of perception in the fact that the worker and the agency representative are discussing an interest which is outside of them. This introduces the set theory of perception, but he does not follow through to give any foundation to this promising hypothesis.

From the account of perception in social work which I have given, it is obvious that veridicality is low, *i.e.*, the degree to which

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appearance approaches reality is not estimated. Much of the perception reported has low veridicality or is actually non-veridical. Insofar as scientific research in social work is concerned, it has to begin at the beginning, and that is to establish the factual, or perceptual, basis upon which a profession can be founded and erected. The appearance of Gestalt, field, and set theories of perception in the literature indicate the hopeful possibility of doing this. However, until much work has been done in this field, it is reasonable to question the usefulness of elaborate theories as substitutes for scientific verification of the most elementary data.

DESIGN FOR RESEARCH

It is not enough to analyze the literature which deals with the concept of relationship in social work and to point out its vagueness. Such an investigation leads logically to the next question: What can be done about it, and how might one go about it? The obvious answer is that we can, of course, do something about improving the reliability and validity of our knowledge. How to do it is a matter of philosophical criticism and empirical research.

Definition of terms is the first step. Without this, understanding is impossible. In the early stages of his study of movement, for example, Hunt found that defining terms and training assistants to use the definitions alike was a first necessity.³

The circumstances in which social work is done are social relationships. It is, therefore, necessary to state what these circumstances are that distinguishes it from other kinds of "work" in the world. If the circumstances, which are called relationships, peculiar to social work can be identified, it is obvious they can be studied. The function of the term "relationship" in social work is conceptual, but the assertion of its existence is perceptual, and that

brings it within the scope of empirical research. Even if the concept cannot be directly perceived, then the probable percepts involved can be inferred, as in nuclear physics, by a method involving a technique for indirect verification.

What social workers do may be indicated briefly. They (1) formulate norms of human needs and behavior; (2) organize, evaluate, and administer programs to meet conditions defined as human need; (3) create interpersonal situations believed to aid in the reduction of distress and the solution of problems; (4) guide group processes to achieve norms, to provide satisfying experiences, and to aid in the attainment of maturity; (5) assist an intergroup by discussion and individual conferences, collect and interpret facts which enable the intergroup to work for common ends; and (6) experiment with technical methods for doing social work. The professional expertness of social workers is measured by the efficiency with which they do these things insofar as the public wants the services strongly enough to provide money to pay costs. Work under such circumstances provides the evidence for operational definition of relationship in social work. Whether or not these things are done efficiently is an indication of whether the "relationship" posited has existed.

Social workers speak of "establishing" and "using" a relationship. This is more common among caseworkers, but group workers refer to group association as satisfying in itself and as a situation in which personality develops. Group work in a hospital or clinic setting implies the conscious use of relationship as a therapeutic aid. The following relationship categories and perhaps variations of them can be identified: (1) worker-client situation; (2) worker with the group-as-a-whole and with individual members of a group; (3) group leader with members of the group, when the leader is acting in his role of leader and when he engages with others in program; (4) group with group; (5) representa-

³J. McVicker Hunt and Leonard J. Kogan, *Measuring Results in Social Casework* (New York: Family Service Association, 1950), pp. 12-17.

tives of groups in an intergroup with an indigenous leader or with a worker; (6) relationship of individual with individual or individual with the group *in absentia* through recall and participation in the same or similar cultural forms and processes. These relationships have both qualitative and quantitative aspects.

"In a relationship," as the phrase often goes in the literature, there is interaction. The varieties of interaction would include such as the following: (1) exchange of information; (2) expression of emotion by word or gesture, friendly or hostile; (3) conversation to enable the client to find a solution to his problem; (4) group discussion as a means of formulating and moving toward realization of goals; (5) exploration of attitudes toward one another, face to face or by other media of communication; (6) interpretation of words and gestures and reports of behavior by the worker as an aid to diagnosis. These interactions indicate other dimensions along which "relationship" can be described.

To answer the questions arising out of the use of the concept of relationship in social work all the common methods of research can and should be used. Intuitions of well-meaning people may be suggestive, but they do not give reliable answers to questions about the nature and use of relationship, or about other problems in social work theory and practice. Beyond philosophical analysis and the usual empirical techniques, social workers have to learn some special methods which are especially adapted to the study of their problems.

First, then, the social workers and the specialists who work with them have to invent techniques and mechanical devices for improving the accuracy of perception of the phenomena of relationship. These techniques and devices have to be suitable for the determination of the degree of veridicality of our perceptions. We are concerned with sequences, or chains, of behavioral events, but the sequences may not be linear. They may be more readily repre-

sented by points and lines in a plane, as in a sociogram, or even by three-dimensional space. Thus, relationship among persons and behavioral events can be represented for perceptual purposes by indirect but precise geometric forms. Some patterns of relationship are more durable and more efficient than others, and it is these in which we are especially interested.

Second, social workers can use the Gestalt and field theories of perception as aids in recording percepts of relationship. In group work, this has been demonstrated by a number of studies. It appears in the case studies of casework also. Lewin's revision of the original Gestalt theory gives it a flexibility which makes it a likely tool in social work research. What social work researchers have to do is to invent techniques and mechanical devices which give more precise valuations to the Lewinian vectors and their valences than does the conventional sociogram. Experiments with relationships can be devised in which Lewin's theory of perception can be used to advantage. Supplemented by the theory of set, his technique for observing social behavior seems to offer the most to social work research of any of the perceptual theories.

Third, complicating conditions lie between the stimulus and the observable response. There are the "sets" of the organized personality, group, or intergroup. The set of the individual is a pattern of behavior, a hypothesis or a theory which tends to guide behavior; in a group it is the similar interests which make joint thinking and action possible; in the intergroup it is the potential benefits for the special interest groups which drew the representatives into it. These sets, or preparations to respond, become intervening variables which have to be known and estimated before the nature of relationship can be defined or future results predicted.

A theory of behavior, whether based upon anthropology or psychoanalysis, may exclude certain perceptions. The theory is

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s in then an intervening variable which causes low veridicality of perception. In the study of relationship, social workers, it was noticed, slip easily into positive statements of knowing which were only a reflection of some tightly held theory of behavior for which the verified evidence was neither given nor cited, and often was probably not known. Hence, a project to investigate the nature of a relationship and what it did in the social work situation would have to use techniques which would reveal such intervening variables as there might be and make their evaluation in the total psychological field possible. The students in group dynamics have attacked this problem, and their work has been borrowed in limited ways by group work, but much experimentation needs to be done in social work to improve the veridicality of perception and, therefore, of the quality of knowledge in social work.

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NASW Publications Program

WHEN NASW CAME into being last year, a great deal of attention and work was devoted to the inauguration of a comprehensive and vigorous publications program, carrying on the tradition established by the predecessor organization. *SOCIAL WORK*, the new journal, was to represent the association to the community as well as to its members. A publication speaking for the profession as a whole was recognized as one of the important gains to be derived from unification. Sponsoring and publishing books, pamphlets, monographs, and papers were imperative if NASW was to be truly a professional association. While the Committee on Publications would serve as the major channel for the development of such program and of policies, it remained and must remain the concern of the total membership and of all functional parts of the association, its Sections, committees, and commissions to contribute to an ever growing pool of professional writing.

Writing and publishing are part and parcel of the professional person's make-up. Sharing of experience gained from practice; formulation and transmission of a body of knowledge; expression of a framework of ethics; exposition of social philosophy and policy—all belong among the intrinsic characteristics of any profession.

Communication is the lifeblood of research. Without it, science withers and becomes sterile. If social work is to move closer to the behavioral sciences, it must reinforce and maintain its membership in the scientific community through increased sharing in the vital exchange of ideas and experiences.

There is still another aspect, among many more, which is of particular concern here. As social workers it is our job to know intimately and thoroughly conditions in our communities and their effect on people. It is a vital part of our work to become familiar with all facets, but particularly with the tension and stress-producing situations of people's lives. Don't we, then, as professionals have a commitment to speak out on what we know and see? This is inherent in our ethics as social workers, borne out by the long and proud history of those who were able to improve the lot of their fellow men because they knew how to marshal and to present the facts and thus to arouse public conscience.

The implications for NASW's publications program and for every one of us as members are obvious. The content range of our publications has to be as wide and varied as the purpose of the association. Practice, social policy and action, history, philosophy; technical information as well as conceptual thinking; case study and the development of general theory—they all fall within the scope of our publications program.

Sections, committees, and commissions will review those manuscripts whose context falls within their area of competence. For the journal, the Editorial Board and the Section publications committees assume responsibility. All other material will be channeled through the Committee on Publications.

The goal is clear, the structure set. Let's produce the goods with which to implement them.

PAUL SCHREIBER

Committee on Publications

Social Work

Points and Viewpoints

Residence Laws

WE HAVE TALKED about our anachronistic residence laws for years and yet, with the exception of a short flurry in the thirties, little or nothing has been done about them. The continued existence of these discriminatory statutes, which contravene both the American right of free movement and social work's principle of human worth, is a skeleton in the closet of our professional conscience.

After years of discouraged acceptance of the residence laws situation, we are now seeing the ground swell of a new effort to do something about them. One important step was taken on March 23, 1956, when this *Statement of Principles on Residence Laws* was adopted:

It is the sense of the Board of Directors of National Travelers Aid Association:

1. That, as a matter of fundamental human right, an individual may choose the place best suited to his needs as his place of residence;

2. That there derives from this the right of the individual to move freely from place to place without hindrance or penalty;

3. That a person who has exercised the right of free movement should be on equal footing with all others; that human needs such as food, clothing, shelter, and medical care should be met as such, regardless of whether the person in need is a long-established resident of the community, a newcomer to the community or in transit to some other place; specifically also

4. That the right of free movement is contravened by arbitrary length of residence requirements affecting eligibility, in the community where the need arises, for basic maintenance assistance, medical care, hospitalization for mental illness or other necessary services financed by public funds;

5. That, consequently, the right of free movement can be preserved only through

removal of length of residence requirements.

Obviously, Travelers Aid has a direct and immediate stake in the residence laws problem. At this year's National Conference of Social Work it became apparent that agencies in other fields likewise find their services hampered by the operation of these laws. Eloquent testimony was offered by representatives of the fields of child welfare, mental health, and public health. Elizabeth Wickenden, who had made a masterly presentation of "The Social Cost of Residence Laws"¹ at the biennial convention of my agency in March, gave another paper at the national conference which brought the issue sharply home to the social work profession. Here, she said, "is an anomaly that cuts to the very heart of our professional and humanitarian pretensions."

Without for a moment forgetting the strongly embedded feelings about state's rights which arise the moment residence laws are challenged, and taking due notice of the heavy hand of tradition which exerts a drag on every effort toward change, it does appear that the climate of public opinion may now be ready to be influenced in the direction of at least liberalization of these laws. With high mobility continuing to be vital to the national economy, it should now be possible to drive home the belief that the community whose economic structure benefits from the influx of newcomers must also be willing to pay the modest price of taking care of the less successful among them.

A campaign of public education is clearly indicated—a campaign in which our profession should play the role of leadership. Starting with the lay groups associated with our own agencies, and moving out into the community, we should lose no opportunity to point out the unfair hardships wrought on human beings by restrictive residence laws. Facts are available with which to

¹ *Highlights* (June 1956).

overcome the traditional arguments advanced in favor of retaining residence laws. The fear that dropping of length of residence requirements will bring in a rush of indigents is effectively refuted in the experience of New York state, where people may attain residence the same day they arrive. Peter Kasius, deputy commissioner of the New York State Department of Public Welfare, has produced figures to prove that in 1955 only about two percent of the state's total public assistance case load consisted of people who had been there less than a year.¹

There is one other thing that social workers—particularly those in the public agencies—can do and that is, as long as residence laws prevail, to administer them on the side of human needs, not legal technicalities, wherever there is leeway for administrative judgment.

LAURIN HYDE

National Travelers Aid Association

Future of the Family Service Agency

A SUMMARY² OF the proceedings of the 1946 Biennial Conference of the Family Service Association of America stated: "In earlier days, the need for relief provided a simple and easy basis for determining whom the (family) agency would serve. But as more and more families apply for diagnostic and treatment service, the agency must either presume to meet all of those needing such service or define in other terms those whom it can and will serve and those whom it will not, and not only must these decisions be made, they must be interpreted successfully to the clients and to

the community, if confusion and ill will are to be avoided."

Today in 1956, a decade later, we may well ask if these decisions have been made. Has the family field made its choice for the foreseeable future?

Since the relief days of the thirties, two main lines of program development may be discerned among family agencies: (1) the addition of child placement service by merger, initiation of the service, or including it at the time of agency organization; (2) the development of psychoanalytically oriented family casework service.

With respect to the first development, the question can be raised whether some family agencies did not add child placement to their services out of their insecurity in losing the specific function of relief-giving to the public welfare field.

The second development, the incorporation of psychoanalytic theory into family casework, seems to have deeper implications. Family agency programs originated from a charity, alms-giving provision of specific services background. Psychoanalytic thinking introduced a medically oriented healing concept.

Casework *treatment* has been derived from manipulation of the social environment; social casework *treatment* therefore may be distinguished from *psychotherapy* which is oriented to a *healing* process. But this neat distinction breaks down when it becomes apparent that the caseworker cannot help the emotionally disturbed client to adjust socially without helping him to deal with, at least, his uppermost psychic conflicts. Casework treatment and psychotherapy, therefore, have been steadily merging.

So family, and of course social, casework has moved in many family agencies from the provision of concrete services such as relief, child placement, and homemaker service to a psychosocially oriented counseling service primarily directed to problems of marriage, parent-child relationships,

¹ Mr. Kasius' paper is one of the seven given at the National Conference sessions on residence laws. They have been reprinted by the National Travelers Aid Association in a pamphlet, *Residence Laws: Road Block to Human Welfare*.

² "Whither Family Life?" *Survey* Midmonthly (December 1946).

Points and Viewpoints

social adjustment of adults, and planning for the care of family members.

It seems clear to this writer that the future of the family agency is to strengthen its family counseling service, employing both social treatment and psychological therapy methods rather than to move in the direction of providing specific concrete services. The latter should not be construed to mean that the administration of specific services does not need and require the best social casework possible!

Is there agreement in the field in 1956 that "counseling" rather than providing concrete services is the main function of the family agency? Will community chests, united funds, and social planning councils concur? Will boards of directors and the general public go along with this evolutionary development? How can family counseling service then be differentiated from outpatient psychiatric clinic service?

RALPH ORMSBY

Family Service of Philadelphia

Parole Conference

THE NATIONAL CONFERENCE ON Parole was held in Washington, April 9-11, the first since the pioneer conference on the subject in 1939. More than meeting its stated objectives of evaluating existing parole standards and practices, the twelve workshop sessions in which the approximately 500 delegates labored came up with textual material, spelling out desirable practices and objectives that will serve as a goal and guide to parole systems and state legislatures for some time to come. The material will be published by the National Probation and Parole Association, cosponsor of the conference with the U. S. Board of Parole.

The conference was called by Attorney General Herbert Brownell, Jr., at their suggestion. The original material on which the conference members deliberated was prepared over a two-year period by the advisory council on parole of the NPPA.

The conference was composed of three voting delegates appointed by the governor of each state, fifteen delegates-at-large appointed by the correction authorities of each state, representatives of national organizations in the corrections and related fields, and educators in sociology, law, and social work. These included the chairman of every parole board in the country; a number of the directors of state correction departments; the heads of correctional institutions; the heads and officers of state parole systems; as well as a liberal representation of the judiciary and state bar associations.

The Chief Justice of the United States, Earl Warren, in the keynote address, stated that people should understand that the parole of a prisoner is not an act of coddling but, on the contrary, is an extension of the state's supervision while the prisoner is trying to re-establish himself in society.

"If we had no adjusting release of prisoners, it would be but a few years until we would need many times the number of prisons with many times the capacity of those we have today," the Chief Justice said. "There are in the nation at the present time approximately 200 state and federal prisons, reformatories, and camps. They have a normal capacity of about 175,000. Last year there were approximately 90,000 new commitments. If it were not for the fact that 80,000 were released each year, the number of prisoners would soon engulf us. Should we release them outright or should we subject them to the supervision of parole?" The vast majority of prisoners (nine out of ten), the Chief Justice reminded the group, must be released eventually to become our neighbors and fellow workers in all walks of life.

"The maximum security prison has its place in our corrective system, but we have every reason to hope that it will play a smaller part as time goes on . . . the sooner the public, legislators, administrators, and tax-conscious groups realize that the best security and the cheapest security we can

have for our homes against the depredations of people who have once been committed to a penitentiary for serious crime is not only an enlightened prison system, but also an understanding parole system, the sooner we can turn the tide of crime in favor of the law-abiding community."

To assure uniform understanding of the various terms related to parole and to avoid the confusion attendant on different usage, a number of definitions were laid down for such terms as detainer, work time, parole hearing, review, suspension, revocation.

A major tenet upon which parole stands is that a period of control and assistance through supervision be provided *every* youth or adult leaving a correctional institution. It was recommended that parole should be granted at the point at which maximum benefits to the individual have accrued and the element of risk to society is minimal, which can best be accomplished under an indeterminate sentence law.

Among the rehabilitative techniques within an institution that should be followed to assist the individual to become a law-abiding citizen on his release to society are training programs (providing varied employment with training value and general, specific, and vocational education) and treatment programs (including medical, psychiatric, and psychological services; social casework; religious, individual, and group therapy and counseling), and programs making maximum use of all community resources to further the socialization of the individual.

In juvenile institutions the social casework process should exercise the functions of classification in adult institutions; work assignments and programs should be carried on primarily for training. Social life in cottage and campus activities, home visits, and community contacts should be stressed.

In general, it was stated, more specific and intensive counseling and orientation are required during the period immediately preceding release.

While it was felt that the feasibility of trial releases, short furloughs, weekend releases as a method of testing the individual should be explored, it was emphasized that such releases should not be a trial parole, but that if an individual was deemed ready for parole, a full or complete parole should be granted.

The two basic criteria for parole selection were given as the readiness of the individual for release (a decision based on his personal history, his record in the institution and observation of any growth or change in his behavior and attitudes), and the readiness of the community to receive the parolee. In instances of community hostility or family rejection, successful parole might be better achieved through release to another locality.

MILTON RECTOR

*National Probation and
Parole Association*

Deductions for Medical Care

OF INTEREST is the recent ruling by the Oregon State Tax Commission that amounts paid to state institutions for maintenance of a spouse or other dependent are deductible as *medical expenses*, subject to the limitations set forth in the Oregon income tax law. The laws of this state are similar to those contained in the federal 1954 Internal Revenue Code.

The cost to the taxpayer of the care of a spouse or dependent in a state hospital should be deductible as a medical expense to the same extent and in the same manner as in the case of amounts paid to any private hospital, sanitarium, or convalescent home.

When the taxpayer is the inmate and his own funds are used, the entire cost should be considered "medical care," deductible to the extent provided in Code Section 213. This also applies when a taxpayer's spouse is the inmate and the taxpayer pays the state in full or in part for the inmate's care.

Social Work

Points and Viewpoints

In the event that the amounts paid are for other than the taxpayer or his spouse, then the person for whom the care is paid must be a dependent under the dependency deduction rules. One test of dependency is furnishing more than one-half the dependent's support. In determining if more than one-half the support is being furnished, the amount of the cost of care which is borne by the state, and not reimbursed, must be taken into account.

The bill rendered by a home, hospital, or state institution will usually include amounts for board and lodging in addition to medical care. Most practitioners would agree that no segregation need be made and that the entire amount paid could be claimed, subject of course to the limitations set forth in the law.

Special School Expenses

Many parents of handicapped children ask whether they can deduct the cost of sending their children to special schools.

The question cannot be answered with a quick yes or no. The exact facts in each case must be taken into account but basically only the cost of special instruction or training would be deductible. Arguments have been advanced that a school for the deaf, blind, mentally retarded, crippled, are similar in nature to a hospital and thus payments should properly be regarded as medical expenses. However, the Internal Revenue Service has ruled to the contrary.

The expense of sending a child to a specially equipped treatment school is regarded as medical care when it is for the primary purpose of alleviating a mental illness. Again the government puts in a big "but." The portion of the expense which is for ordinary instruction that the child would receive in any event is not treated as medical care.

An important item of deduction is still available to parents—the cost of travel to and from such a school would be deductible in any case, and even board and lodging cost would be deductible, if no adequate

services of a comparable nature could be found in the child's home town.

It is a good policy when in doubt as to the validity of such deductions to seek expert counsel; and when taking such expenses on the tax return to give a full, complete explanation setting forth the deductions and the nature of the ailment or handicap.

JOSEPH ARKIN, C.P.A.

New York, N. Y.

Composition of the American Family

MORE THAN 90 percent of the American people live in families, that is, together with persons related by blood, marriage, or adoption. In April 1955 there were nearly 42 million families in our country, a gain of 9¼ million since 1940 and of more than 2½ million since 1950. There are several reasons for expecting that the number of families will continue to grow. The marriage rate is expected to swing upward in the near future, as the record crop of "war babies" reach marriageable age. Then, too, some couples now living "doubled-up" will undoubtedly set up homes of their own and will then be counted as separate families. Furthermore, continued favorable mortality conditions will keep many families from being broken prematurely by death.

In about 11 million families, or in fully one fourth of the total in our country, the family head is under 35 years of age. Of the 20½ million families in which the head is 45 or older, almost 5½ million have heads who are at least 65 years old.

Married couples account for seven out of every eight families in the United States, but the proportion varies with the age of the family head. Husband-wife families comprise nine tenths of all families in which the family head is under 45 years of age. The proportion decreases in later life as death takes an increasing toll of

husbands and wives, but such families constitute no less than three fourths of the total even where the head is 65 or older. Moreover, in many families broken by death, the surviving spouse keeps the remaining family members together.

About two thirds of husband-wife families have their own children or other relatives living with them. The proportion is even higher—six out of every seven—in families where the husband is aged 25–44 years. During this period of life, families reach their maximum size. In 1955 they averaged 4.04 members per family where the husband was 25–34 years and 4.26 members per family where he was 35–44 years.

Family responsibility for dependent children is high during most of the husband's working lifetime. Thus, when he is 25–34 years of age, there are 1.89 children under age 18 per family. This rises to a peak of

2.06 for husbands 35–44 years of age, but decreases to 1.20 in the next age group, 45–54 years, largely because children reach maturity.

Children are shown to be a large part of the membership of young families. For example, where the head is aged 25–44 years, children under age 18 constitute nearly two thirds of the family members, other than the head. The proportion is still more than two-fifths in families where the head is 45–54 years of age. However, in families where the head is age 65 or older, less than one seventh of the other family members are under 18 years of age. Nevertheless, family heads aged 65 and over have 1.2 million children under 18 years old living with them.

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Metropolitan Life Insurance Company

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BOOK REVIEWS

SOCIAL SECURITY AND PUBLIC POLICY. By Eveline M. Burns. New York: McGraw-Hill Book Company, 1956. 291 pp. \$5.50.

In this ably written volume, Eveline Burns has utilized an extensive knowledge and practical experience in the field of social security to bring into focus the nature of the policy issues that are involved in decisions as to the structure and administration of social security programs.

The discussion is organized around an analytical framework. Specific programs are discussed, as appropriate, in relation to four major groupings of decisions that must be made in the establishment of any social security program—decisions as to the nature and amount of benefits (whether related to need, to contributions, to previous earnings, etc.), decisions as to the risks for which social responsibility will be accepted, decisions about financing (including the period of accounting and the responsibilities of different levels of government), and decisions about administration (both the allocation of administrative responsibility between private organizations and government and the structure of administrative organization at any governmental level). Some previous knowledge of the existing structure of social security in the United States or a willingness to follow the lead of the footnotes (unfortunately the volume lacks a bibliography) and to acquire a systematic general knowledge of the field would seem a desirable if not a necessary prerequisite, or at least accompaniment, to the reading of this book. Even for the person without much background knowledge, however, the analytic treatment of problems, issues, and concepts may provide

a more vital insight into the nature of our social security institutions than the usual program-by-program textbook treatment.

The book was developed as a textbook in an Economic Handbook Series, but will be of value to a much wider audience as well as to the college student. While the major part of the discussion relates to social insurance and the general point of view is that of the economist, there are several sections that will be of particular interest to social workers, notably the discussion of the bearing of social security programs on the family system and the analysis of the problems of achieving any kind of national minimum through a grant-in-aid program. Of particular value, also, is the concluding chapter with its emphasis on the underlying economic, social, and political determinants of social security policy.

The author does not pretend to tell what policy in the United States or elsewhere should be. She does make us see what some of the consequences of particular policy decisions may be and, perhaps most important, the nature of the often competing values that are finally at stake. And in emphasizing the "how much" and "what degree" of effect may be expected from one course of action or another, she points the way to that process of constructive compromise and rational choice that can shape a social security program reasonably consistent with our needs and our aspirations.

Social Security and Public Policy is an important contribution to the literature of social security—a literature to which Eveline Burns had previously made outstanding contributions.

CHARLES I. SCHOTTLAND

Commissioner of Social Security

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BOOK REVIEWS

THE NEGRO POTENTIAL. By Eli Ginzberg, with the assistance of James K. Anderson, Douglas W. Bray, and Robert W. Smuts. New York: Columbia University Press, 1956. 144 pp. \$3.00.

The "potential" for Negroes in employment, education, and the armed services, despite spectacular gains in recent years, is far from being realized.

This study, part of the Conservation of Human Resources Project at Columbia University, seeks to analyze the problems which must be solved before Negroes can take full advantage of their new and rapidly growing opportunities.

Employment opportunities for Negroes have expanded greatly, due to manpower needs in World War II and the booming civilian economy since that time, when total employment has soared from about 47 million in 1940 to 67 million in 1955. Where these gains have occurred, geographically and by type of employment, and where barriers still exist are clearly presented. The situation in the armed forces has improved immeasurably, though further experience is obviously needed.

The influence of limited education, home situations, and community attitudes is examined candidly. Because of these handicaps, many Negroes are not ready to take their full potential place in the American economy. What further must be done for them, and what the Negro community and individual Negroes must do are clearly outlined.

Recent moves for desegregation make this a timely book. It presents solid facts—many of them new, all of them pertinent to the problem. It is calm in tone, but fearless in its approach.

It is a book for all social workers, for all persons concerned with human problems. Educators, employers, social action workers will find it useful.

The problem is complicated; full solutions will take years. But important further steps are imperative. The book outlines the current situation and points out

Social Work

Book Reviews

concrete ways to help utilize the "potential" of Negroes in our national economy.

RAY JOHNS

Young Men's Christian Association
Boston, Mass.

MENTAL HEALTH PLANNING FOR SOCIAL ACTION. By George S. Stevenson, M.D., Sc.D. New York: McGraw-Hill Book Company, Inc., 1956. 358 pp. \$6.50.

Professionals and laymen interested in mental health will welcome this book by the former medical director and present consultant of the National Association for Mental Health, Inc. In clear, simple language, Dr. Stevenson discusses techniques of program planning, program content, and program execution.

Since his purpose is to help interested people "achieve a perspective on the whole field" so that "they will be able to work in a team with others whose role is different

from their own. . . ." Dr. Stevenson deliberately sacrifices detail for the sake of perspective.

Particularly valuable are the twenty chapters devoted to program content. These chapters are divided into three sections—the restoration, the protection, and the elevation of mental health—and they deal with the needs of the mentally disordered, the mentally deficient, and the mentally healthy. Dr. Stevenson's wealth of experience as a national and international consultant enriches this discussion.

Somewhat less successful are the two chapters which deal with community organization processes. These chapters do contribute a useful procedure for determining priorities among possible program activities. But they fail to define social action; to fully describe the steps involved in initiating mental health planning; and to consider the community welfare council, along with the mental health association,

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Both books are edited by *Harleigh B. Trecker* with all royalties payable to the *National Association of Social Workers*.

WHITESIDE, INC., Publishers, Dept. 47, 425 Fourth Avenue, New York 16

as a possible instrument for planning. Moreover, they fail to distinguish adequately between an agency self-study and a community-wide survey.

Notwithstanding these weaknesses, however, it is clear that this book will be an indispensable manual for psychiatric social workers, community organization practitioners, and others because of its overview of the mental health field, its many concrete and insightful suggestions, and its insistence that citizen participation is essential for sound program development.

RILMA O. BUCKMAN

Toledo Council of Social Agencies

CRESTWOOD HEIGHTS—A STUDY OF THE CULTURE OF SUBURBAN LIFE. By John R. Seeley, R. Alexander Sim, and Elizabeth W. Loosley. New York: Basic Books, Inc., 1956. 505 pp. \$6.50.

"Crestwood Heights" is the name given to an upper income central Canadian suburb of 17,000 population, but it could be any of the numerous wealthy communities which exist in close proximity to large cities in the United States. For five years the authors, social scientists and adult educators, studied and worked with the people of Crestwood Heights and in this excellent book they give us a dynamic portrayal of the culture of suburbia. As David Riesman says in his brilliant introduction, "They are writing about *us*, about the professional upper middle class and its businessmen allies."

The study was conceived by the Canadian National Committee for Mental Hygiene in an attempt to promote positive mental health. Crestwood Heights was chosen as an experimental community where every effort would be made to focus on children in their family and school settings to determine what were their mental health needs and how services could best be organized to meet these needs.

The project was organized as "an inter-

action of research, training, and service, which would be carried on as a group effort by psychiatrists, psychologists, social workers, educators, and others." This book deals only with Crestwood Heights as a community and does not report the total project. In systematic fashion a vast amount of firsthand descriptive data is presented. The methods used in gathering the data were various; however, "action research" was the major motif. In this report, the authors give the reader "an illumination of the dilemmas in which modern Western middle-class people find themselves."

After setting the stage in Part One with a rich discussion of Crestwood Heights in terms of the anthropological concepts of space, shelter, time, age, and career, the reader is given a lavishly detailed portrait of the institutions of the family, the school, the club, and parent education. In this major section of the volume, minute examination is made of all the major forces of socialization. No other book gives us as vivid a picture of what happens to children and adults in rich but confused suburban communities.

Part Three, which deals with laymen and experts, beliefs and their formation, is perhaps the heart of the book from the standpoint of the professional social worker. A thoughtful theoretical construct is presented and within it the authors trace the role of the expert in belief-making. Certainly this material will be of considerable help to community organization workers and other professionals interested in the problem of countless numbers of new suburban communities.

Simply written and richly illustrated, carefully documented and firmly supported by research notes, *Crestwood Heights* is a book of genuine value to all students of community life.

HARLEIGH B. TRECKER

*University of Connecticut
School of Social Work*

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**MAJOR
CONTRIBUTIONS**

Casework Services for Children

HENRIETTA L. GORDON

This is the first book to offer a systematic presentation of the seven casework services basic to every community's program of child care. Mrs. Gordon covers each of them in full: Foster Care, Boarding Home Care, Institutional Care, Adoption, Day Care, Supervised Homemaker Service, and Service to Children in Their Own Home. Each service is covered from three sides; the parents, the child, and the caseworker who represents the community.

A relatively new concept is emphasized—namely, that separation of the child from his parents should be considered only when other methods of solving his problems have been considered and discarded as ineffective.

This book will be of vital interest not only to students of social casework, but also to practicing social workers, and all those involved in agencies and community planning councils working in behalf of children.

The Dynamics of Casework and Counseling

HERBERT APTEKAR

"... The author proposes a shift of emphasis away from the purely diagnostic or functional components in casework, and the adoption of a third view, the dynamic, in which equal emphasis may be placed upon both diagnosis and function."

ELEANOR P. SHELDON in *Social Casework*

Community Organization Practice

CAMPBELL G. MURPHY

"... Abounds with succinct illustrative accounts of successful and unsuccessful practice in a wide variety of situations. . . . It is conceivable, in fact, that the major contribution of this book will ultimately be reckoned in terms of what it did to advance the formulation of a body of theory in community organization . . ."

HAROLD A. JAMBOR in *Social Service Review*

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OCTOBER 1956

FROM CUSTODIAL TO THERAPEUTIC PATIENT CARE IN MENTAL HOSPITALS. By Milton Greenblatt, Richard H. York, and Esther Lucille Brown. New York: Russell Sage Foundation, 1955. 497 pp. \$5.00.

This is a report of an experimental undertaking in action research, sponsored and financed by the Russell Sage Foundation, with Boston Psychopathic, Bedford Veterans Administration, and Metropolitan State Hospitals as the participating institutions. The experiment, or Russell Sage Project, proceeded on the hypotheses that mental illness is reversible, that the mentally ill patient has a high recuperative potential, that the social environment is a critical determinant in the patient's destiny, and that systematic use of the integrated resources of the total environment would enable mentally ill patients, including the severely disturbed and chronic, achieve improved levels of social competence. These hypotheses, tested on wards of severely disturbed and long-term chronic in the three hospitals over an eighteen-month period, were well substantiated.

This account of the systematic and therapeutic use of the social environment in the treatment of patients in a hospital community should be of considerable interest to the social work profession as a whole. The principles of social treatment which were formulated at the conclusion of the project have generic applicability, and are particularly relevant in the approach to the treatment of chronic, socially disorganized families with whom the field of social work has been historically concerned. However, social workers in psychiatric hospitals may find considerable interest in the project's approach to the development of an effective hospital team in which the roles of all the team members were defined and co-ordinated in the interests of the patient. For those directly concerned with research in social work, the report on this experiment offers a design in action research, enriched by a clear and critical exposition of an ex-

perimental process in which research methods were adapted to the needs of the situation and utilized to implement the improvement of patient care.

In essence, *From Custodial to Therapeutic Patient Care in Mental Hospitals* is an absorbing account of a democratic process, in which scientific concepts from the social sciences and psychiatry, research methods and human motivation were utilized in a systematic manner to implement the humanistic philosophy of a democratic state.

EDITH BECK

Jewish Family Service
New York, N. Y.

BRIEFLY . . .

DISASTER STUDIES (Publications 390, 391, 392). Washington, D. C.: Committee on Disaster Studies, National Academy of Sciences, National Research Council. 1956. *Human Behavior in Extreme Situations: A Survey of the Literature and Suggestions for Further Research*. By Anthony F. C. Wallace. 35 pp. *A Study of Response to the Houston, Texas, Fireworks Explosion*. By Lewis M. Killian, with the assistance of Randolph Quick and Frank Stockwell. 25 pp. *Tornado in Worcester—An Exploratory Study of Individual and Community Behavior in an Extreme Situation*. By Anthony F. C. Wallace. 166 pp.

Monographs dealing with human behavior in disaster situations. Literature surveyed and research approaches outlined in first report. Second report stresses the meanings people attach to disasters and the importance of education for preparedness. Third report a rich, detailed analysis of individual and community reactions immediately following Worcester tornado. Basic material here for all responsible for disaster relief work.

H. B. T.

Social Work

Book Reviews

TREATMENT OF THE CHILD IN EMOTIONAL CONFLICT. By Hyman S. Lippman, M.D. New York: The Blakiston Division, McGraw-Hill Book Company, Inc., 1956. 298 pp. \$6.00.

This is a book for the general community social work practitioner in touch with and concerned about unhappy disturbed children and their unhappy parents. From his training as a child analyst under Anna Freud, and his daily experience in more limited goal therapy as director of the Amherst H. Wilder Child Guidance Clinic in St. Paul, Dr. Lippman has written numerous insightful and helpful articles which have made him well known in their usefulness to child-placing workers, probation officers, and school social workers. The present volume summarizes, at the end of twenty-five years of such experience, his findings and convictions about ways of understanding, of treating, and of preventing a wide range of emotional problems in children. The style is somewhat informal, the technical language at a minimum, the basic theoretical framework Freudian, and the treatment interest family centered and community conscious. He offers few fixed answers except in his conviction about the personality requirements of the therapist. He is respectful of and seeking out new areas of knowledge.

The content is divided into seven sections. The first introduces the reader to the way a child guidance clinic works and why. The last two outline his ideas on community approach to prevention and on basic principles of therapy. The most interesting sections (Two through Five) contain short case descriptions of the clinical picture, etiology, major dynamics, and treatment used with a number of children presenting a wide range of adjustment problems—"the neurotic child," "the child with personality problems," "the child who acts out," "the child with a tenuous hold on reality"—combined with discussion which includes some of the relevant theory, and some review of current research find-

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ings. The book does not attempt a systematized, closely articulated presentation of theory. Neither does it, in monograph fashion, give the fine details of diagnosis and treatment. The book suffers at some points from a lack of sufficient editorial help, resulting in some contradictions and scattering of related material. Otherwise, it is filled with stimulating material.

Outstanding in this book is the author's keen awareness of and respect for the potential as well as present helping role of the professional caseworker in a variety of agency settings in the prevention and treatment of upset children. So, too, is his compassionate understanding of the parents of troubled children. In the wide range of illustrative material is much that will seem familiar to most caseworkers in contact with children, and the discussion will give new understanding and much hope.

MARY A. DARRAGH

*Boston College
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Book Reviews

INTEGRATING SOCIOLOGICAL AND PSYCHOANALYTIC CONCEPTS—AN EXPLORATION IN CHILD PSYCHOTHERAPY. By Otto Pollak. New York: Russell Sage Foundation, 1956. 284 pp. \$4.00.

For some six years under the sponsorship of the Russell Sage Foundation, a social scientist of rare wisdom and personal acumen has been "socially interacting" with the traditional disciplines of the child guidance team: psychiatry, psychiatric social work, and clinical psychology. Out of this process came first in 1952 a provocative volume, *Social Science and Psychotherapy for Children*. Herein was testified that certain concepts developed by the behavioral sciences could enrich child psychotherapy. These conceptions juxtaposed the total situational "family of orientation" to the biological family. Extra-familial influence and interaction, culture conflict between therapist and patient, culturally determined age and sex roles of subjects were all studied deductively as potential influences making for adjustment or maladjustment, acceleration or resistance in treatment. Representatives of the disciplines accepted the validity of the effects of these factors, perception of which becomes sharpened when seen through the eyes of the social scientist.

The current volume reports how these concepts were experimentally and inductively tried out in child guidance practice, with a concurrent evaluation seminar including most of the same professionals. Drastic restructuring of the treatment process ensued. The dichotomy of (1) child-patient treated by psychiatry and (2) pathogenic environment (reduced in practice to mother) treated by social worker is rejected as inconsistent with the concepts. Father, siblings, and other significant extra-familial influences are involved as members of the primary group which is conceptualized as a pathogenic situation requiring alteration. The caseworker takes on relationships with all these, as well as the child, according to a family diagnosis and treat-

New Books

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PSYCHOTHERAPY AND CULTURE CONFLICT

GEORGENE SEWARD, *Ph.D., University of Southern California*. Of particular interest to social workers and those engaged in vocational guidance, this book examines the psychodynamics peculiar to the members of a variety of U. S. subcultures.

Dr. Seward reviews classical psychoanalysis, stressing cultural aspects often overlooked by critics of Freud, and then discusses the neo-Freudian systems and their shift in emphasis from instinct to social relationships. The author analyzes problems of members of sex, class, and selected ethnic subcultures, giving fresh insights into the problems of minority groups and suggesting ways to adapt the data presented to therapeutic procedures. Judd Marmor, M.D., contributes four case studies drawn from his psychoanalytic practice. *Bibliographies. 299 pp. \$6.*

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A Functional Theory and Methodology for Personality Evaluation

TIMOTHY LEARY, *Ph.D., Kaiser Foundation Hospital*. This pioneering book presents a new major personality theory. It describes a series of techniques for measuring interpersonal expressions at different levels of personality, and an empirical method for applying the theory and technique in diagnosis and prognosis at the clinical level.

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ment plan. The total family situation is the case, not any individuals within the process.

This complex task is illustrated in five cases, the focus of each being on the welfare of a child who was presented for help. Needless to say, the child does not necessarily remain the central focus of the process. Interpersonal therapeutic involvement potentially includes all members of the family, as well as extrafamilial powerful members of the "family of orientation." All the case situations were improved; none would have been treatable by standard child guidance method. The participants ambitiously look forward to carrying on until the numbers of cases will permit a statistical treatment of the data. The individual treatment relationships are consistent with psychoanalytically oriented casework practice. Each case forms a complex, symphonically patterned situational interaction which, under the influence of a therapist, moves on helpfully for the principals. Integration takes place within the person of the casework therapist. There are no individual patients. The social worker deals helpfully with deficiencies in the "interpersonal competence" of the various individuals for the improved good and welfare of the total situation.

This is an important book which goes a long way to demonstrate the capacity for sound professional functioning of the social worker, using psychoanalytic concepts and consultation, yet operating as a maturely independent practitioner. It harks back to the tradition of Mary Richmond's focus on the total family, leaps over the period of our profession's dependent relationship to psychiatry, and rests on sounder theoretical conceptions than existed in the twenties. Social casework turned then to psychoanalysis when social science failed to provide fruitful concepts as operational tools, or even rejected any interest in our profession as "applied social science." The creativity of the behavioral sciences in the last three decades now provides social casework with

Social Work

Book Reviews

tools to increase effectiveness, as is demonstrated in this book. The presentation will be questioned by jurisdictionally minded physicians as an invasion of the field of medical responsibility. It may be deplored by traditionally minded caseworkers, whose traditions go back no further than the thirties. Conceptually, it crystallizes much that has been fermenting in casework under the terms "aggressive" or "family centered." It is the counterpart in our profession of the point of view expressed by a limited number of socially minded psychiatrists about the relationship of social stress to illness, and of certain qualities in the social situation to successful psychotherapy.

In its originality, it completes a full swing of the cycle, this time with greater knowledge and competence, back to the "applied social science" of half a century ago with which the founders of social casework practice aspired to solve problems of family dysfunction.

ABRAHAM J. SIMON

Roosevelt University, Chicago

BRIEFLY . . .

THE HOME AND SOCIAL STATUS. By Dennis Chapman. New York: Grove Press, 1955. 301 pp. \$6.00.

Most of this volume is devoted to a free-flowing yet scholarly description and interpretation of a housing survey in Liverpool, England. Interrelations of home type, furnishings, patterns of family living, social status of the family, and a host of other variables are explored. Two major instruments were developed: a housing appraisal schedule and a social status schedule based on inspection of the living room. "Although the baby is well provided for . . . not much thought is given to the social, the play and the educational needs of children in furnishing and equipping the home."

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THE COMMISSION ON CHRONIC ILLNESS here presents the first publication in a four-volume series on *Chronic Illness in the United States*. This book provides a fundamental study of the care of the long-term patient in both home and institution. Who is the long-term patient, where is he, what kinds of care—physical and mental—does he need, and how and where should these services be provided? What about rehabilitation—at home and in the institution? What institutions take care of long-term patients, and how well do they do so? What kinds of personnel are needed and how should they be trained? How about problems of coordination and integration of services, of research, of finance? This book provides a comprehensive, authoritative discussion of all these basic questions about the care of the chronically ill.

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Book Reviews

PLANNING NEW INSTITUTIONAL FACILITIES FOR LONG-TERM CARE. By Edna E. Nicholson. New York: G. P. Putnam's Sons, 1956. 358 pp. \$4.50.

The accelerated incidence of chronic illness in our growing and aging population has rightly caused increased concern among members of the medical and social work professions and many organizations and individuals involved in community planning for health and welfare services. The problems connected with providing adequate care—physical, medical, and spiritual—for the long-term patient are many and complex. With the publication of Miss Nicholson's book, those who are considering establishing or operating new facilities have an invaluable reference volume which not only provides standards upon which planners can set their sights but also deals comprehensively with the myriad practical aspects of building and program. Although Miss Nicholson limits her study to facilities for the care of those afflicted with chronic physical illnesses, much of what she says will be helpful to professional workers in a psychiatric setting.

Based upon the findings of a ten-year study conducted by the Central Service for the Chronically Ill of the Institute of Medicine of Chicago of which Miss Nicholson is the executive director, the book is organized in four major sections: (1) establishment of community needs for long-term care; (2) organization and program of a new unit for the chronically ill; (3) building, equipment, and furnishings; and (4) costs and how to meet them. A realistic appraisal of the high costs of constructing and operating new facilities should have a sobering effect on those who would rush headlong into new projects. Miss Nicholson's focus is never diverted from the needs of the patient, among which she places high priority on a consistent environment and tender loving care (TLC). Although her emphasis is upon high standards of care, no disservice is rendered those now engaged

in operating convalescent homes and homes for the aged, many of which are on a proprietary basis.

This book is a valuable contribution to the literature in a field where intelligent planning is urgently needed.

CLARKSON HILL

The Institute of Living
Hartford, Conn.

BRIEFLY . . .

THE LIFE AND WORK OF SIGMUND FREUD—YEARS OF MATURITY, 1901–1919 (volume 2). By Ernest Jones. New York: Basic Books, Inc., 1955. 512 pp. \$6.75.

Social workers have probably been more influenced in their basic practice by Sigmund Freud than by any other one person. If they wish to understand why this has happened the second volume on Freud by Dr. Jones will clarify much for them. The first volume, fascinating as it was, gave a picture of the prepsychoanalytic years. This volume shows the man in his full stature as scientist and innovator. Few people doubt Freud's contribution to the beginnings of a science of personality. This remarkable book—scholarly, warm, and remarkably frank—is of special interest to our profession because it shows how a relationship can be used to produce a great biography of a great man. What *Time* magazine somewhat facetiously refers to as the "id bits" are delectable!

G. H.

CHILDREN AND OTHER PEOPLE. By Robert S. Stewart and Arthur D. Workman. New York: Dryden Press, 1956. 276 pp. \$2.25.

An excellent discussion of personality development and emotional growth of children. Soundly based on research findings but clearly and thoughtfully written for the beginning teacher or social worker. Infancy, early childhood, and adolescence considered in sequence. Superb summary of child-adult relationships. Selected reading list appended.

H. B. T.

ECONOMIC NEEDS OF OLDER PEOPLE. By John J. Corson and John W. McConnell. New York: The Twentieth Century Fund, 1956. 533 pp. \$4.50.

The title of this book is somewhat misleading in that very few of its pages are devoted to the actual economic needs of older people. As Dr. Eveline M. Burns, a member of the committee established by the Twentieth-Century Fund to guide this study, says in the committee report in the final chapter of the book, "Far too many of the provisions of our income security programs, existing and proposed, reflect beliefs or assumptions rather than tested facts. Among these are assumptions as to what people actually want to do, the nature of incentives to work and save, and notably the relative importance of economic as against other considerations. . . ."

Perhaps a more descriptive title would

have been *Problems Connected with Financing the Cost of Needs That Older People Are Presumed To Have*. Under that heading, there is a rich storehouse of statistical information and a well-written historical and evaluative account of the various methods that have been devised to deal with these problems. There is a good analysis of Old Age Assistance, Old Age Insurance, together with other public and private retirement plans. It concludes by observing that the cost of old age security is only a small part of the national budget; but, even so, the meeting of this cost is continually being affected by the extent to which the government recognizes other demands on its resources.

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Book Reviews

SOCIAL SERVICES IN THE SCHOOL. By Jean R. Pearman and Albert H. Burrows. Washington, D. C.: Public Affairs Press, 1955. 218 pp. \$3.75.

The title of this book is misleading for those who are searching for a comprehensive treatment of school social work. Although offered as a textbook for students in education and social work, its technical language implies a knowledge of both fields; its presentation of the function of school social work, the role of the worker, and scope of service lack clarity and specificity. The statements on the philosophy of school social work, its importance to the child-in-school, and its contribution to the basic function of the school are sound.

One question is the reason for including the quantity of material on the problems of delinquency, sex, alcoholism, and drug addiction since current emphasis is placed on the school social worker as one who helps the child-in-school and his parent

early in the child's school life. A discussion of the types of problems children evidence in school and an analysis of them would be more meaningful to the student.

As the importance of teamwork within the school is reiterated, one wishes the authors had included an illustrative case from school social work practice. The role of the worker, his method of working with school personnel is not clearly delineated. Although recognition is given to this working relationship, the two-way process between teacher and school social worker, the way *each*, with his differing skills, helps the child, lacks depth. No concept is gained of the techniques and skill used to involve the parent of the child-in-school.

For school social workers, a challenge is given to collaborate with education in making further contributions to the literature so needed in this field.

CLARA M. COLTERYAHN

Pittsburgh Public Schools

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GROUP WORK IN THE PSYCHIATRIC SETTING. Edited by Harleigh B. Trecker. New York: Whiteside, Inc., and William Morrow & Company, 1956. 224 pp. \$2.50.

(Proceedings of an institute conducted by the American Association of Group Workers, June 27–July 2, 1955, held at The Shades Inn, Shades State Park, Waveland, Indiana.)

Reported in the form of papers, panel and workshop findings, these proceedings are documentary evidence of the progress which is being made in the use of group work in the social treatment of individuals in residential, medical, and psychiatric settings.

Forty-five leaders, including practitioners and educators, shared current experience toward the formulation of guides for group work practice in these settings. The results are significant for all of us engaged in a helping and healing profession. Papers

are presented on such topics as group work in child guidance centers, adult psychiatric hospitals and residential programs; and are authored by Gladys Ryland, Gisela Konopka, Marion Sloan, Fritz Redl, Grace Ganter, and others. Included is a report of an inquiry on "Systems of Recording in Multidiscipline Treatment Settings—Their Use and Limitations" by Mary Lee Nicholson. One panel presentation is reported in a novel way by a staff group from the Menninger Foundation on "The Therapeutic Environment Provided Through a Multidiscipline Approach." Workshop findings include "Tentative Criteria for Evaluative Research" and "Administrative Criteria for Organization and Development of Group Work in Established Agencies and New Settings." Under the leadership of Clara Kaiser, a panel reviews "Content of Group Work Practices with Implications for Professional Education," which raises pertinent questions for our entire professional family.

This volume substantially demonstrates group work practice as social work, and vice versa. While drawn from a limited number of settings, this material is significant for all settings in which social work services are offered. Social work skill in adaptation, modification, and creative organization of services is basic to the performance of the social worker in these and in all settings.

This volume represents substantial progress in one area of social work practice. This institute provided colleague discussion, productive questioning, and some evaluation: all essential aspects in the maturation of our profession. Especially welcome were the lists of questions from out of practice which seem researchable and point the way for further experience and inquiry. In summary, this is more than a report of an institute. In these findings we have an operational statement for the practice of group work in these and other settings. Further, we recognize an implied reaching out for more knowledge

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Social Work

Book Reviews

and additional experience. The merit of this volume does not rest only with a good reporting job on "what is" nor a proclamation of "what shall be." Rather we find here a collective expression of interest among colleagues to become more knowledgeable and more knowing in the practice of social work.

Our appreciation should go to Raymond Fisher, chairman, and his committee which planned and conducted the institute; also to Mary Lou Sommers and others who prepared a selected bibliography. And, of course, to the National Institute of Mental Health for recognition of this pertinent contribution to mental hygiene.

JUANITA M. LUCK

Rutgers University
School of Social Work

ADULT EDUCATION AND GROUP WORK. By Louis Lowy. New York: Whiteside, Inc., and William Morrow & Company, 1955. 224 pp. \$4.00.

A most important trend in the field of social work today is the effort to study the relationship of social work to other disciplines such as psychiatry, religion, sociology, psychology, law, or education. This application not only meets a need of the social work profession but is an indication of its growing maturation. A significant contribution has been made by Louis Lowy in *Adult Education and Group Work*, which is a careful analysis of the use of the group work method in attaining the aims of adult education.

Mr. Lowy establishes the premise "that the democratic way of life and the democratic process of doing things together provide the best means for meeting the problems of our complex society." After defining the components of the group work method, he clearly describes the relationship between group work and adult edu-

cation. He provides a very helpful chart comparing the two in terms of definition, purpose, setting and scope, ways and means, leadership and professional training.

The greater portion of the book is devoted to four excellent case illustrations of the use of group work in adult education programs with young adults, parents and older adults, and in a general adult education project. Each is a detailed description of the experience followed by the learnings, both pro and con.

The last chapter offers thirteen simply stated principles of group work as they can be applied in adult education. These, which emerge from the learnings of the case illustrations, show the superior ability of Mr. Lowy to analyze and distill. He states he would like to have the principles "considered as landmarks to practitioners in the field of adult education and group work" and "to encourage testing and validation."

Social workers and educators will be particularly interested in his discussion of group work with senior citizens, based on the efforts of one community to develop a program for its older adults. He places emphasis on the proposition that "many of the problems of old age can be solved only if the young citizen is able to develop an enlightened self-interest in the problems of old age," and then gives practical ways by which adult education and group work can develop this interest. Group work with older people must be given more and more attention by education and social work as the number of older persons increases in our communities.

Adult Education and Group Work will be valuable to educators, social workers, and anyone who works with adult groups. Let us hope that other practitioners will be encouraged to add to the growing professional literature by distilling their own experiences, as he has so ably done.

CLYDE E. MURRAY

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HUMAN RELATIONS IN INTERRACIAL HOUSING. By D. N. Wilner, R. P. Walkley, and S. W. Cook. Minneapolis: Univ. of Minnesota Press, 1955. 167 pp. \$4.00.

An initial study of Negro-white relations in public interracial housing undertaken by the Research Center for Human Relations at New York University and reported by Deutsch and Collins¹ revealed that the white residents of integrated projects were more likely to exhibit friendly attitudes and behavior toward Negroes than similar individuals living in area-segregated projects. Inasmuch as the obtained effects of occupancy pattern could have been enhanced by the metropolitan New York City location of the projects and the high proportion of Negroes living in them, a second study of public housing projects not marked by these special features was undertaken by the center. This investigation is reported in the present volume.

Two integrated and two segregated public housing projects were employed in the second study. All four projects were located at some distance from New York City (New England and Middle Atlantic cities) and the projects in each pair with a differential occupancy pattern were matched with respect to relevant variables, *e.g.*, income level. Unlike the projects employed in the Deutsch and Collins study, those in the subsequent study all contained a relatively small proportion of Negro families, *i.e.*, about ten percent; and the segregated projects were building segregated rather than area segregated. While both these factors meant that there was much less difference between the integrated and segregated projects as compared to the difference between these project types studied by Deutsch and Collins, at the same time they permitted the study of the effects of proximity independent of the influence of occupancy pattern. In effect, the investigators were able to distinguish within each of the

four projects between white residents living close to Negroes ("nears") and those living relatively far from them ("fars").

Employing an *ex post facto* design the investigators collected interview data from a representative sample of white housewives in each project regarding their feelings, beliefs, and behavior with respect to Negroes in the project, and also with regard to their attitudes toward Negroes in general. With regard to proximity alone, it was found that a greater proportion of the "nears" as compared to the "fars" in all four projects have intimate contacts with Negroes, have favorable attitudes toward Negroes living in the project and toward Negroes in general, and perceive the social climate as favorable to interracial association. Cogent evidence is presented to support the critical assumption of the initial comparability of the "nears" and "fars" in each project. Data are also presented which in effect suggest that both contact with Negroes and perceived social climate contributed to the obtained attitude change. Proximity, contact, and perceived social climate are interpreted by the investigators as intimately tied together in a process in which nearness facilitates contact and a positively perceived social climate, which in turn led to more positive attitudes, these in turn to greater contact, and so on.

The findings with respect to occupancy pattern were not in the expected direction. Comparisons between the integrated and segregated projects revealed small and inconsistent differences. However, rather than rejecting their hypothesis (and the findings of Deutsch and Collins) as to the superiority of integrated projects over segregated ones in producing attitude change, the investigators provide a *puissant* analysis of the conditions which they believe precluded the possibility of confirming the hypothesis: the relatively small difference in degree of Negro-white proximity between the two types of projects.

Social urgency, as well as theoretical necessity, demands insights into the conditions under which interracial contact will

¹ Morton Deutsch and Mary Evans Collins, *Interracial Housing* (Minneapolis: University of Minnesota Press, 1950).

Book Reviews

lead to favorable attitudes and behavior rather than increase suspicion and hostility. While the Wilner, Walkley, and Cook study makes some contribution in this respect, both the study and their report of it are open to criticism. With reference to the latter we find, for example, that the description of the employed methodology is very meager—even too meager for the social practitioner. For some strange reason the authors were even unwilling to present the interview schedule used to obtain their data. As to the study itself, one wonders whether it permits any more extended generalization of its findings than those reported by Deutsch and Collins. Considering the very small number of Negro families living in each project, it seems reasonable to raise the question as to whether the obtained proximity effects would hold for projects involving larger ratios of Negro to white families. Finally, this reviewer was puzzled that, although two of the projects were at the low income level and the other two at the moderate income level, this variable was generally ignored in presenting the proximity data even where it was patent that it had played some role in producing differences in the degree of proximity effects obtained.

HAROLD PROSHANSKY
Brooklyn College, Brooklyn, N. Y.

BRIEFLY . . .

GOALS AND METHODS IN PUBLIC ASSISTANCE.
Reprints from *Social Casework*. New York: Family Service Association of America, 1955-1956. 64 pp. \$1.00.

Schiff's scholarly review and analysis give perspective and depth to this publication. Other authors illustrate that we have not fully applied what is known. As Kahn indicates our own deep dependency fears as well as those of recipients and taxpayers are fundamental deterrents. The article on rehabilitation by Shimberg-Blaustein strikes a hopeful note.

WALTER P. TOWNSEND
*Pennsylvania Citizens Association
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CULTURAL VALUES OF AMERICAN ETHNIC GROUPS. By Sister Frances Jerome Woods. New York: Harper & Brothers, 1956. 402 pp. \$4.50.

This is a study of American ethnic groups and is focused around sociological concepts of values and roles. The book analyzes the dominant American cultural group and compares or contrasts with the Oriental, Mexican, European, Jewish, and Negro groups in America. Values are discussed around the social institutions of Religion and Magic, Authority and Government, Economics, Recreation, and Education. Approximately a third of the book is devoted to a study of ethnic family types.

The reader is reminded that persons in helping professions may ponder with profit such questions as: "Does the professional worker always realize the significance of a cultural value to the client? Are American cultural values, simply because they are 'American,' always to be preferred to values of the client? Are pressures put upon the client to adopt the 'American' way?" Knowledge and appreciation by the worker of cultural values of the client are believed to facilitate the formation of a satisfactory working relationship. Knowledge of the cultural values constitutes an aid in treatment since the client may have many adaptations to make, and he will be limited by his cultural value systems. Consequently, the worker will need insight into these limitations if he is to be helpful. Culture gives its adherents a feeling of security, with defenses provided by the cultural patterns.

The book, although addressed to case-workers, is appropriate for all social workers, and also for others in helping professions. It is a valuable and much-needed addition to social work literature. Scholarly and well-documented, it contains an excellent bibliography. In addition it is interesting and easy to read. There are many case illustrations which render the text alive and practical. Some of the illustrations seem to stretch a point, or are interpreted

narrowly, but on the whole the material is admirable. We agree with the author that there is an overweighting of Mexican material.

One might have hoped that the author would have related her study to practice within the text of the book rather than to have allowed it but ten pages at the end. Also at times it was annoying to have all the Europeans grouped under one ethnic heading.

The book is important enough to be studied by all social workers and used in practice. It is not only for those who work with new Americans. It is essential for students in schools of social work.

ALAN F. KLEIN

*University of Pittsburgh
School of Social Work*



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NEW SUPERVISORY PATTERN

We have read with real interest the article in the July issue, "A New Concept of Supervision Is Tested," by Stevens and Hutchinson. We wish to express appreciation for this article, since we feel that its basic proposition needs serious thought in order to stimulate change and growth in our field. We believe that the proposition cannot be challenged, *i.e.*, that it is desirable to re-evaluate and rearrange our professional working relationships, particularly in regard to supervision, in order to permit and promote the greatest possible development of professional competence and responsibility.

Our agency is currently engaged in the modification of our professional working arrangements and patterns, aiming to make it possible for the experienced caseworker to carry a more substantial degree of responsibility for his professional practice and to encourage the maximum development of his professional competence. Our modifications differ from those of the Oregon agency in part because of the difference in setting, *i.e.*, ours is a total professional staff of fifty-five persons operating with a districted pattern of service.

We assume that the person at the beginning of his professional experience or moving into a new setting will need a period of a year or so of supervisory help which is substantially similar to traditional supervision. However, after this initial period we have made three modifications aiming to provide a more stimulating learning experience and to place more responsibility for his own practice upon the caseworker. We started from a fairly traditional arrangement of individual supervisors with approximately five to six caseworkers and with the supervisor discharging both administrative and educational responsibilities, and with an evaluation pattern of written evaluations at

yearly intervals. Our modifications thus far are threefold:

1. To provide a group opportunity for study and learning of casework content, methods, etc., through the plan that each caseworker will participate in study groups of six to eight people meeting every other week for approximately two hours. It is assumed that this professional interaction of six to eight different persons may provide additional stimulation to supplement the one-to-one relationship of the individual supervisory situation. To further broaden that stimulation, the groups operate on a semester basis and the individual thus works with two different groups of his professional peers during the year.

2. In order that the use of individual supervision may be fully individualized to meet the real needs of the caseworker and the agency at a particular time, either the supervisor or supervisee may initiate a regular schedule of conferences at any time that a specific reason exists. A minimum of one conference per month is required.

3. The evaluation schedules were modified in the direction of a substantially longer period between evaluations for the successful worker and an assumption of a different participation in the evaluation process for such workers. The present schedule provides for the initial evaluation at the end of 6 months, and thereafter at 18 months, 30 months, 48 months, and each three years thereafter.

We have had less than one year's experience in this and it may well be that these specific changes are only first steps.

We are glad that SOCIAL WORK is being used to consider this professional concern and trust more discussion may be forthcoming.

PERRY B. HALL

*Family and Children's Service
Pittsburgh, Pa.*

"THE BEST SUPERVISION"

It was stimulating to read Lucy P. Carner's article about the questions raised at the Bryn Mawr conference in the July issue, especially the interest expressed in permeating the school curriculum with material that "challenges the student to use creatively his basic principles and methods and to keep awake the spirit of curiosity." I believe Miss Carner recognizes that such a creative attitude developed in students must, however, be disciplined if the field is to maintain its professional status. She says as much subsequently on research training and research-mindedness.

But let us not forget that much of the responsibility for cultivating and directing the creative attitude in the recent graduate in terms of disciplined research is vested in the experienced supervisor. If the supervisor does not recognize this role, then he is remiss in carrying out his full responsibility. I don't believe that he has, however, and I believe that the new worker approaching his internship in the field is justified in seeking "the best supervision" possible. Through this supervision, he realizes that he will be able to integrate further his basic principles and methods learned in school, and will be better equipped to meet the challenges he will face, and assume his role as a professional practitioner and as a community leader

I believe that when a social worker leaves graduate training, he realizes his responsibilities and obligations to the community and his personal interests and choice of employment will be directed toward society's welfare. Although I have taken the liberty of using Miss Carner's comments out of context, I cannot help but think twice about urging students to use their basic principles creatively, then imply criticism of their desire for the best supervision, which is, to me, the earliest and most effective way of doing just that.

FRANK F. MONTALVO

El Paso, Texas

RELIGION

One hopes that "Religion and Social Work" by Sue Spencer (July 1956 issue) will prove the first of several such much-needed articles. I do wish that her questionnaire had been circulated not to "leading social work educators" but rather to trained social workers active in the field. And would that the "help . . . sought from several outstanding clergymen and members of theological school faculties" might have come rather from rank-and-file parsons in the smaller parishes.

Miss Spencer's statement that in her experience "clergymen are not generally aware of the amount of attention given in schools of social work to religion and the attitude of faculty in schools of social work toward religion as an important factor in human life" I would question seriously. In my experience, (I am an ordained Episcopal clergyman and a trained social worker), I would state rather that the crux of our interprofessional difficulties in part would seem to be the way in which members of the two disciplines tend to oversimplify the other's field. There are more trained Protestant clergy today who have some intelligent orientation to psychiatry and to social casework than there are social workers who have had the benefit of anything like minimum orientation to sociocultural understanding of religion and its varied dynamics.

If some foundation like the Ford group wants to enable further necessary and helpful research, let it be in the area of religion and social work, especially with regard to Protestantism and the practices of the various "Red Feather" and similar agencies. The statistics on referrals between clergymen and agencies, and vice versa, should prove especially interesting.

(The Rev.) HENRY H. WIESBAUER, M.S.S.
Protestant Chaplain
Westborough State Hospital
Westborough, Mass.

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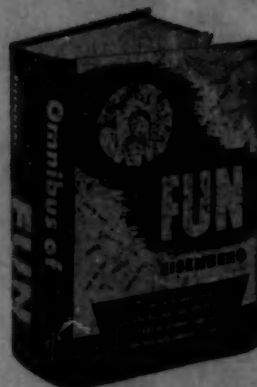
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